

BERKSHIRE

COMBINED SANITARY DISTRICT.

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REPORT

TO DECEMBER 31ST, 1874,

BY

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NOTE.—I much regret that the publication of this Report has been unavoidably postponed so long beyond the date when it should have appeared ; but the analysis of the “returns,” and the preparation of the statistical tables from them, has involved an amount of work for which I have only been able to find opportunity from time to time, and at intervals not occupied by other and more pressing duties.

W. T. G. W.



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TO THE RURAL AND URBAN AUTHORITIES
OF THE
COMBINED SANITARY DISTRICT OF
BERKSHIRE.

GENTLEMEN,

In laying before you the following report of the Sanitary proceedings of the various local authorities included in the combined Sanitary District of Berkshire for the last six months of the year 1873 and for 1874, I think it will be convenient to preface it with some general remarks which refer to considerations and circumstances common to them all.

After the date of my own appointment and that of the inspectors of nuisances of the several districts, much of the rest of the year was taken up in acquiring a general knowledge of the characteristics and sanitary condition of the area included in the combination, while special attention was given to those localities in which the presence of zymotic diseases became known.

Until the beginning of 1874 I was not supplied with returns either of the mortality or of the pauper sickness of more than two of the districts for which I had been appointed to act, and, consequently, my knowledge, both of the amount and nature of the illness present in any given locality and of the actual number and causes of the deaths occurring therein, was very imperfect, and was mainly derived from the reports of the inspectors, or, in some cases, of the medical practitioners in attendance. Since the commencement of 1874 I have been regularly furnished with

copies of the entries of all deaths by the registrars of the respective registration districts at the end of each month, special information of the deaths from infectious diseases being forwarded as soon as they are registered. These returns have been of great service to me in pointing out the localities where special sanitary supervision is at the time most required; and the weekly returns of new cases of sickness among paupers, with which I have been supplied by nearly every sanitary authority for the last nine months, have also been of value as giving early intimation of any outbreak of zymotic disease among this class of the community. As regards these last returns, I have not, I regret to say, found them available for statistical purposes, nor do they, in my opinion, furnish reliable data from which to determine the sanitary condition of the districts to which they relate, partly because of the varying practice in different unions as to the grant of medical relief, and also in part because the weekly returns furnished by the district medical officers are prepared for the information of the guardians as the relief authority of the district, rather than as an accurate record of disease.

COTTAGE ACCOMMODATION.—The condition of the cottages of the labouring classes pressed itself on my attention from my entry into office, but I considered it better to obtain by personal inspection and through the reports of the inspectors of nuisances, a general knowledge of each locality, so as to bring under the notice of the sanitary authority the most obvious nuisances and sanitary shortcomings discovered, before commencing that more thorough examination of their condition which was indispensable before a detailed report could be furnished thereon. At the same time, the great value of a careful and complete survey was urged on the attention of the respective authorities, and in most cases their consent was given to its being taken in hand; but the time necessarily occupied by the inspectors in their daily duty of the discovery and abatement of nuisances, and the supervision, as far as practicable, of sanitary precautions in cases of infectious disease (through their scattered and widely-extended districts) has hindered this work from progressing as rapidly as I could have desired: although a good deal has been done,

and experience gained, which will be of essential service in the carrying it out. Speaking generally of the entire combination of districts, a large number of the cottages are in a most unsatisfactory state; many of the older ones, and some even recently built, being faulty in plan, defective in construction, dirty, damp, dark, badly ventilated, dilapidated, with closet accommodation foul and unwholesome, and a water supply polluted by sewage, or scanty in amount—often all or most of these conditions are found in the same tenement. And yet, in many localities, the accommodation is so much behind the demand that a certain degree of overcrowding results which it is almost impossible to remedy, inasmuch as its abatement in one case simply gives rise to it in another. It is urged as a reason why new cottages are built to so comparatively limited an extent, that such property is of little value as an investment in a rural district, and that the agricultural labourer is unable, or if able is generally unwilling, to pay a rent which would suffice to provide his family with such an amount of sleeping space as is necessary for health, and even in many cases for ordinary decency, and at the same time to return a fair interest for the money spent on the building. Again, a large number of cottages are so radically bad in construction that no reasonable outlay could make them healthy, or they are so old and dilapidated that money spent on them would be almost thrown away, or their owners are without the means to put them into proper condition. The remedy for this state of things is a problem full of difficulty; for while, throughout the county, many landowners are building model cottages, in which both sanitary requirements and domestic convenience are alike carefully regarded, and others are erecting tenements which, if they leave a good deal to be desired, are at any rate far superior to those that they replace; these are but a minority, while too many owners of cottage property not only abstain from following in the same steps, but do nothing, or as little as they possibly can, to keep those they already possess in a tenantable condition, and will rather evict their tenants and close the cottages, than improve them and put them into a satisfactory sanitary and habitable state; and yet I

have repeatedly refrained from certifying such dwellings as "unfit for habitation," both in rural and urban districts, from the difficulty of finding better accommodation for the tenants elsewhere if their cottages had been closed. As regards the urban districts, the state of things in this respect is at least as unsatisfactory as it is in rural districts, while the closer aggregation of the tenements in courts and rows, with scarcely any through ventilation, renders them, in a sanitary sense, much more injurious to health than the comparatively isolated cottages in country places. But as the population of none of the towns reaches the minimum limit named in the Artizans and Labourers' Dwellings Act, this remedy, cumbrous and hard to work as it is, cannot be made use of in any case, and the closing of tenements as uninhabitable, without making due provision for the building of new ones to replace them, would simply aggravate the evil, for which, however, the mere removal of "nuisances," under the ordinary powers existing for that purpose, is altogether an inadequate remedy.

CLOSETS.—As regards closets and drainage, I have little that is satisfactory to record. The common privy and cesspit—this latter (in the rural districts) often a mere uncovered hole in the ground, or, if bricked, so constructed as to allow of free percolation of liquid excreta into the soil—is the most general arrangement throughout the entire combination. In towns and aggregations of houses this naturally results in a general pollution of the drinking water, and even in rural districts this holds good to a very large extent. Anxious to satisfy myself on this most important point, I have carefully examined 217 samples of water forwarded to me by the inspectors of nuisances, of which 154 were taken from rural and 63 from urban districts. Of these, 26 only could be considered as passably good waters, even when tried by a most moderate standard, while 86 were very indifferent and 105 unquestionably bad. Even when the water supply is at such a distance as to be beyond the probable reach of pollution from the cesspit, a dangerous nuisance is often caused by the placing the privy, for the sake of convenience, within a few feet of the back door and with the

cesspit close to the wall, so that foul liquid matter is being continually absorbed by the bricks, and offensive and noxious vapours are given off by them into the house; in other cases it is found just under a bedroom window, or the rain water and house slops are all passed into it, so that it becomes a fetid and stagnant pool, offensive to the senses and dangerous to health. The remedy for the state of things here described is, in my opinion, the general introduction of some form of earth or dry closet, which, I feel assured, both on the grounds of health, decency, and convenience, is by far the most desirable closet construction in the large majority of cases in rural districts. It is a difficult matter to change fixed habits and to overcome prejudices of long standing, but where they have been introduced it has been found practicable to get them kept in very tolerable order, either by the owner or occupier, or some neighbouring farmer, who regularly takes the manure. It would doubtless be necessary that some systematic arrangement for scavenging, or byelaws relating thereto, should be made by the sanitary authority when these closets become generally used, as I trust they will be; but even when the occupiers of cottages will not take the trouble to provide the necessary amount of earth for them, and they are allowed to get into as filthy and neglected a condition as is possible, the nuisance occasioned is, from a sanitary point of view, of a less serious character than that arising from a large foul cesspit as ordinarily constructed, inasmuch as the metal pail or box which is the most general arrangement in cottages does not permit any soakage into the ground, and, of necessity, the offensive accumulation must be removed as soon as the receiver is full, and while still so small in amount as to be comparatively harmless. In practice, however, it has been found that this does not generally occur. After a short experience, the comfort, cleanliness, and convenience of the dry closet is generally appreciated wherever it is introduced, and the small amount of trouble involved in its use is not grudged in view of its many advantages. As to the form most suitable for cottage use, I have found nothing more generally convenient than a mere galvanized iron trough or

pail placed under the seat, into which a mixture of earth and ashes is thrown upon the soil each time it is used. There is no machinery whatever to get out of order; the cost is so trifling as to offer no objection to its general adoption; the use of a portion of ashes saves the necessity for the previous drying of the earth and adds somewhat to the manurial value of the result, especially if wood ashes are used. In those cases where no earth can be obtained, the ashes alone will answer the purpose, if the contents of the closet are regularly and frequently taken away, and there is usually no great difficulty in finding a person to undertake to do this for the sake of the manure.

DRAINAGE.—The best mode of disposal of ordinary chamber and house slops is, as regards villages, at least as “difficult” a question as that of closet accommodation, and the “nuisance” arising from the usual way of treating it is often little less than that from a foul cesspit. A very frequent practice is to dig a large hole in the garden, within a few feet (or at most yards) of the back door, and often in equal proximity to the well, and to throw into it all sorts of slops, vegetable waste, and the like, for the double purpose of getting rid of the stuff and of making manure for the garden. An offensive nuisance is thus caused which, in many cases, seriously pollutes both the atmosphere within the cottage and the water in the well. Where there is a sufficiently large garden, probably all that is required on sanitary grounds may be effectually accomplished by daily utilizing the slops thereon, with the simple precaution of using in rotation fresh portions of ground for this purpose each day. The same end may be attained with less chance of failure through neglect or carelessness, by the adoption of the plan of intermittent filtration through the soil by means of a series of branched drainage pipes laid in connection with Field’s syphon tank, which, as it automatically discharges its contents at intervals only, insures the flushing of the pipes to a considerable extent at each discharge. So large a number of cottages are however deficient in the indispensable requisite of a fair sized piece of ground for the purpose, that either of the foregoing plans would be only partially available; and, failing the adop-

tion of a general system of sewerage, which, in scattered villages and in those where there is no natural outfall, would be often so costly as to be almost impracticable, the only available course is to deal with each case of the kind as it arises, and to recommend the simplest and least expensive remedy that will answer the purpose. As regards the disposal of mere surface drainage and rainfall, I am satisfied that in villages where the house slops are thus dealt with, it may safely be got rid of by properly laid open side-channels in the streets. These are easily cleansed, any foulness is readily seen, and any obstruction can be immediately removed, while the power to make bye-laws as to scavenging, which all sanitary authorities possess, would enable them to prohibit entirely their use for the removal of slops and house drainage, so that their contents might be allowed to run into the ditches without objection.

In villages where the removal of house slops, as well as of surface drainage, has to be provided for, the system of open channels does not appear to me to be free from serious objections on sanitary grounds; at any rate, properly laid pipe drainage, the inlet to which should be disconnected outside each house, would be required for some distance from it, and provision would have to be made for the regular daily cleansing of such channels, to prevent nuisance from the accumulation of offensive deposit therein.

As regards the question of the laying down main sewers in villages by sanitary authorities, in a large number of cases the scattered character of the bulk of the houses renders such works unsuitable to their requirements, and impracticable within reasonable limits of expenditure in proportion both to the benefit to be gained, and to the rateable value of the locality concerned. In such places the onus may fairly be thrown on the individual owner of providing such a means of disposing of the slops and refuse matter produced on his own premises as shall be satisfactory to the sanitary authority, and effectually prevent any nuisance from being caused thereby.

There are, however, other villages which either have a quasi-urban character, or which consist mainly of tolerably

continuous rows of tenements, some with little or no garden ground so that it is impossible to deal with the sewage thereon, and in such localities the provision of a general system of sewerage is often a sanitary necessity of the first importance.

A great obstacle to the undertaking of works of this character in rural districts arises, however, from the fact that the cost is thrown on the particular parish in which the locality to be sewered is situated, and the owners of the outlying properties—who will derive no direct benefit from the scheme to be carried out, and in many cases have no greater interest in the village, either by ownership of property or otherwise, than those of other neighbouring parishes—are for the most part strong in opposition to any proposition of which they will have to bear a considerable part of the cost, without as they consider, deriving any commensurate advantage therefrom. It is true that the law makes provision for the creation of special drainage districts for the carrying out of drainage and water supply, in which the area that reaps the benefit also bears the cost; but these districts cannot be created without the consent of the Local Government Board, to be given after a public enquiry by one of their Inspectors, when there is no lack of protest on the part of owners of cottage property and small proprietors, against their being called upon to bear, without assistance from without, their share of the outlay necessary to carry out the works proposed; and the fact must not be overlooked that in many villages there are a considerable number of comparatively poor owners of one or a few cottages, by whom any such increase of their rating as would be involved by the creation of a special drainage district would be felt as a serious burden. In one case in which such an enquiry was held (with reference to the proposed drainage and water supply of the village of Bracknell) in the East-hampstead Union, the consent of the Local Government Board to the proposed arrangement was withheld, with the result that the sanitary authority has declined to proceed voluntarily any further with the matter, or to throw the charge upon the entire parishes. It appears to me that, as regards the carrying out of

really essential works of this nature, the compulsory principle might with advantage be extended, both as regards individuals and local authorities. Such a change would stimulate the lagging and unwilling to action, while it would strengthen the hands of ready and energetic authorities. At the same time I think that a greater elasticity of system and freedom of choice might with advantage be introduced, both as to the precise nature of the works to be undertaken, and the mode in which their cost should be defrayed, whether by the locality benefited, the parish, or the entire sanitary district.

WATER SUPPLY.—Up to the end of the year, a large number of samples of drinking waters taken from wells, ponds, and springs in nearly all the districts included in the sanitary combination, have been examined by me, and with the following very unsatisfactory result, that of more than 200 specimens tested, only one in about six and a half was found to be of even fair average purity in those forwarded from rural districts, and only one in eight and a half in those from towns; the pollution being doubtless due in the great majority of cases to the percolation of sewage matter into the source of supply, and in a certain number of instances to contamination by decaying vegetable matters. It must in fairness be admitted that many of these samples were taken either because there were *prima facie* grounds for believing the water to be impure, or because of the presence of fever or other diseases of the zymotic class in the premises supplied by them; but after making all necessary allowances on this ground, it is a striking and a very serious fact that no one sample attained a really high standard of purity, and that fully one half of the number were polluted to such an extent as to be decidedly unfit for use as drinking waters. There would probably be a general agreement as to the abstract propriety and even the necessity of providing good and wholesome water for the use of the tenants of even the smallest cottage—yet what is the condition of things very frequently found as to the supply of this “necessary of life”? A mere shallow well of from six or eight to twenty

feet in depth, into which surface water percolates, carrying with it the liquid that may chance to drain out of any adjacent cesspit, pigsty, muckheap, or all combined. Often this well is either without any cover or with one so imperfect and decayed as to allow free ingress to dirt, dead leaves, and other extraneous matters which by their decay further foul the water.

In some localities, especially on the clay formations, and, again, in certain districts of the chalk, it is found to be impracticable to get water by well sinking without going to so great a depth that the cost would be excessive, and the labour of raising the water to the surface so onerous as to materially limit its use. In these cases the most desirable plan to adopt, in my opinion, is to provide properly constructed underground rain water tanks, and thus to utilize the rainfall, which, at present, owing to the non-provision of proper spouting to the roofs of most old cottages, is allowed to drip on to the ground, and is the most frequent cause of the dampness of their walls. By this means a double benefit would be secured: the house would be kept reasonably dry and a water supply would be obtained sufficient for the ordinary requirements of a cottager's family. Unquestionably the water from deep wells would be more palatable and in some respects more wholesome than rain water, so that a certain amount of supply from such sources is most desirable for drinking purposes when it can be got; but for ordinary domestic use the careful storage of the rainfall in the manner I have indicated would meet the requirements of the case, and if a reliable filter were provided for the purification of the water intended for drinking, little more could be desired on sanitary grounds. If a pump is connected with the tank, lead pipe should not be used for it, on account of the readiness with which the lead is acted on by rain water. Where pure water is not to be obtained, and doubtful sources of supply must be utilized, a very great improvement may be effected by brisk boiling for five or ten minutes, and subsequent filtration through a *really good filter*, and I regret that these are so rarely to be found in cottages, where, under usually existing circumstances, they are often most required.

NUISANCES.—Very much useful, if unpretentious work, has been done in the various districts of the combination, in the detection and removal of ordinary nuisances which had for the most part been wholly disregarded until the passing of the Public Health Act. The returns furnished by the inspectors in Table II. point out what has been done in this respect, but I am informed that in most districts a considerable number of nuisances have been remedied without the necessity of any report being made to the sanitary authority thereon; of these no formal record has been kept, and consequently they do not appear in the return. As regards the permanence and thoroughness of much of the work done by owners of property in compliance with the orders of the sanitary authorities, I regret that I cannot speak so favourably. In a large proportion of cases the actual nuisance has been for the time abated, but the cause which gave rise to it has either not been removed at all, or only imperfectly, and, as a matter of course, its recurrence is only a question of time. This remark applies especially to privy cesspits, drains, and wells, with reference to which there is comparatively little disinclination to simply empty or cleanse, or do what is necessary for temporary abatement; but as regards structural alterations, difficulties, objections, and delays continually occur, which greatly retard the sanitary improvement of the localities in question. With reference to structural works on a larger scale, none have as yet been commenced, although some sanitary authorities have approved or considered plans for drainage, &c., which will be referred to under their respective districts.

INFECTIOUS DISEASES.—No outbreaks of serious infectious disease have occurred throughout the combined districts, except on a comparatively limited scale and of a local character; but the fact that there is at present no means whatever (except as regards pauper sickness) of obtaining information of the presence of such disease until a death occurs, and it thus becomes known to the registrar of the district, renders it an almost hopeless task to take measures to prevent its diffusion

through any locality in which it makes its appearance. It has been proposed to lay on the medical attendant the duty of informing the sanitary authority of every case of serious infectious disease under his care; yet, were the Legislature to pass such an enactment, the difficulty would be but in part met, inasmuch as, in rural districts especially, the practice of delaying to send for medical advice till the illness assumes a distinctly dangerous aspect is almost habitual with the poorer classes, and during this period infection has had every facility for spreading throughout the place, not only from the impossibility of securing any real isolation for the sick person in an ordinary cottage, but from the excessive recklessness displayed by friends and neighbours in visiting houses where there are cases of infectious disease. The common habit of sending children to school from houses where such illnesses are present, or while they are themselves in the early stages thereof, or again, before they have thoroughly recovered from them, are other and very frequent modes of spreading them, of which repeated illustrations have occurred in various localities.

In all cases that have come to the knowledge of the sanitary officers, they have done all that has been practicable to limit the spread of disease, by urging the observance of proper precautions as to isolation and disinfection, in accordance with plain directions which I have drawn up, of which I append a copy at the end of this report. Disinfectants have been freely supplied, existing nuisances removed, and cottages (and articles that have been exposed to infection therein) cleansed and disinfected after the disease was at an end. I believe that considerable good has been effected in this way, but the extreme ignorance and carelessness of the poorer classes with reference to the whole matter has rendered the work one of much labour and anxiety to the officers by whom it has been carried out, and it is only by very slow degrees that we can expect to impress on the minds of persons in this rank of life the great importance and value of attending to every available precaution for checking the diffusion of these diseases.

Of such precautions, early information given to the sanitary

authority is (at any rate, as regards this portion of the community) the first and chief, and I cannot but think that this is a duty which should be laid by the law on the head of the family or the occupier of the house in which the case occurs, while the medical attendant might fairly be required to inform him of the nature of the disease as soon as it is recognised. The sanitary authority should then become responsible for directing the measures necessary to prevent its spread, unless the parties concerned were willing to carry them out under the directions of the medical attendant, and to his satisfaction, to which he should certify. Such requirements ought not to be considered unreasonably burdensome, or as unwarrantable violations of the privacy of family life, and if enacted by the legislature, they should be regarded as precisely analogous to the existing laws as to compulsory vaccination—as matters entirely in the interest of the public health—precautions indispensable to the stamping out of preventible diseases, to the health of multitudes who are at present more or less permanently damaged in constitution by them, and to the actual saving of thousands of lives now sacrificed to heedlessness, ignorance, and neglect. In the sanitary management of the cases as they occur, I have already said that, in the ordinary cottage, isolation is nearly or quite impossible; but the difficulties attendant on the provision of special hospital accommodation for such cases in widely extended rural districts are so great, that I am disposed to think it more desirable strictly to quarantine the house in which the case occurs, to treat the patient therein, and to remove the healthy members of the family to any empty house that can be obtained, keeping them under observation till the period of incubation has passed, and it is clear that they are free from infection. Where it has been possible to adopt this course, I have been able, even in a crowded and ill ventilated court in an urban district, to limit the disease to the case first attacked. I therefore should prefer to have at command a few cottages in the various districts, to be used in the manner I have indicated, especially as hospital accommodation could be very rapidly extemporised (as, for example, by means of

a galvanized iron erection) on the spot, when it chanced to be required, should any special necessity for it arise. In urban districts there can be no question as to the advantage of having hospitals for infectious cases, mortuaries, and disinfecting chambers, but, happily, no outbreak has occurred in any of the towns of sufficient importance to require such provision to be made during the past year.

VITAL STATISTICS.—During the year 1874 I have been furnished regularly every month by the registrars of the various sub-districts with a return of all deaths registered by them during that period, and have thus been enabled to prepare the various Tables appended to this Report. The labour expended in the compilation and calculation necessary for this purpose has been great, and has occupied much time, arising partly from the number of returns to be dealt with, and in part from the fact that the registration and the sanitary areas are not coincident in their boundaries in nine of the thirteen districts included in the combination, and consequently the registrar's returns require careful analysis and examination to ascertain the facts as to the several areas to be dealt with. Much discussion has of late taken place as regards the value and reliability of statistics prepared from these materials, and by some they have been declared to be altogether worthless, on the ground that the statements as to "causes of death" are so unreliable as to render deductions from them of no value as evidences of the sanitary condition of the locality to which they refer. I am inclined to think that this view exaggerates both the amount and the importance of the errors, which without doubt, occur to some extent in the returns of causes of death, whether from laxity in filling up the medical certificate, or from the classification adopted by the Registrar-General. We may safely rely on certain facts, as for example, on the actual mortality, on the proportion of mortality to population, on the death rates at various ages, and (with certain limitations) on the correctness with which the causes of death are referred to the great classes into which diseases are grouped by the Registrar-General. It must

be acknowledged that equal reliance cannot, in all cases, be placed on the specific cause to which the death is assigned, and that far too large a proportion of deaths is without any assigned cause other than "natural causes" or "death by the visitation of God." But when full allowance has been made for these and other sources of error, there remains (especially in dealing with large districts) a solid substratum of reliable facts, which, when carefully abstracted year by year, will furnish us with trustworthy information as to the effect on the death rate of the sanitary administration of the districts to which they refer, and will draw attention to any locality in which unsanitary conditions especially prevail. The Tables included in this report are only a portion of those it has been necessary to prepare, but they exhibit the main facts with reference to births and deaths in the respective registration and sub-registration districts, and also (for deaths only) in those sanitary districts which do not coincide in area with them. Considerable trouble has been bestowed on the preparation of these last, and it is believed that they are substantially correct so far as they go; but I am not able to give the proportion of births to deaths therein, the birth returns sent to me giving only the number of each sex for the registration sub-district to which they refer. With these prefatory remarks, I will now briefly describe the Tables in the order in which they are placed.

Table I. gives a summary of the principal results of the census of 1871 for the eight registration and thirteen sanitary districts included in the combination. As regards Hungerford, Bradfield, and Easthampstead, the union and registration area is identical with that of sanitary administration, but Newbury union and registration district is, for sanitary purposes, divided between the Newbury rural and the Newbury urban and Speenhamland urban authorities. Similarly, Abingdon and Wallingford districts each contain the district of a rural and of an urban authority; Cookham includes the rural sanitary district of the same name and the urban area of Maidenhead; while only the rural portion of the Windsor union is included in the combination, the town of New Windsor (although part

of the union) remaining altogether separate therefrom. In this Table the mean proportion of acreage per head has been calculated, and the mean density of population per house: the first datum enables a general idea of the urban or rural character of the district to be easily formed, the second roughly indicates any tendency to overcrowding in houses. It will be noted that, as regards urban districts only, the number of persons to the acre ranges from 3.2 in Newbury and 7.3 in Wallingford, to 16.8 in Abingdon; while, in rural districts, the population of Hungerford numbers only one to rather more than five acres, and its gross numbers have decreased during the decennial period since the last census at the rate of fifty-three persons per annum. A similar, though rather less, annual decrease has taken place in the Cookham rural district; while, in the adjoining urban area of Maidenhead, and in the districts of Easthampstead and of Windsor, the increase has greatly exceeded the natural growth arising from the excess of births over deaths, and is in the main due to the influx of residents from without. In all the other districts there has been a slight increase of population, which has been calculated and allowed for in the last three columns of the table. That headed "corrected deaths" gives the actual numbers registered as having occurred within the respective sanitary districts from all causes, so far as the general population is concerned, but includes only the proportion of deaths in union houses due to each in accordance with its population, and entirely excludes those in the criminal lunatic asylum at Broadmoor and the county asylums at Littlemore and Moulsham, the inmates of which are sent from all parts of Berkshire and Oxfordshire. The last column shews the "Corrected death rate per thousand living," and ranges from 11.14 in Easthampstead rural to 21.25 in Abingdon urban district.

Table II. records the work of the inspectors of nuisances of the respective districts, and it is not needful for me to say more regarding it in this place than this, that in most districts they report that a considerable number of nuisances have been removed which do not appear in the table, owing to the advice of the

inspector having been acted on at once by the persons concerned, without any formal action on his part.

Table III. gives the numbers of births and deaths for each quarter of the year, the total for the year for each sex, the excess of births over deaths for the registration districts and sub-districts, and the total numbers in each category for the entire sanitary combination. The natural increase (or excess of births over deaths) of the population as computed to the middle of the year, is at the rate of 13·3 per 1,000 for the twelve months.

Table IV. gives, for the same areas as the preceding table, the total deaths within seven limits of age, in accordance with those adopted by the registrar-general in his reports, and are to be read thus: column 1 includes the deaths of infants who have not completed their first year; col. 2, those who have passed their first but not attained their fifth birthday; and so on for the rest.

In Table V. I have dealt with deaths at the seven ages just referred to in sanitary districts. I have already pointed out that these do not coincide in several cases with those for registration purposes, and it has been necessary to include the deaths in workhouses with the returns of the district in which they happen to be situated, as I have no means of ascertaining to which sanitary division of the union any person so dying may have previously belonged. I have in this table also entirely excluded the deaths in the public lunatic asylums, which cannot fairly be taken into account in estimating the mortality of the district in which they are placed, as their inmates are sent from the whole counties of Berks and Oxon or (at Broadmoor) are criminal lunatics from various parts of the country. The lower division of the table gives corresponding information for each union house and lunatic asylum, and shows the proportion of deaths therein to the entire number in the respective registration districts.

Table VI. gives the number of deaths from all causes in registration districts. Similar information is given in Table VII., for registration sub-districts and urban sanitary districts, as to

the more important zymotic diseases and the chief constitutional and general causes of deaths.

Table VIII. records the number of deaths at seven ages certified to be due to the principal classes of disease, and to phthisis. It may be noted that the entire zymotic mortality is almost identical with that from consumption, neither being in excess, but the two conjointly accounting for about one fifth of the total deaths. The entire value of these last three tables, and of the calculations based on them in those which follow, depends, so far as "certified" causes of death are concerned, on the care exercised by medical practitioners in giving their certificates in each case; the officer of health must take the entries as they stand, and can in no way alter them, even if manifestly incorrect or defective. As regards "non-certified" deaths and the verdicts given after inquests have been held, the causes of deaths returned are in many instances absurd, incomplete, or unreliable. It may be hoped that, in future years, the large number of entries (80) I have had to include under the heading "ill-defined and non-specified causes" may be greatly reduced.

It is satisfactory to note that no death has been recorded from small pox during the whole year in any part of the combined district, and I find, on examining the registrar-general's report for the year previous, that the same immunity existed then; indeed, only two cases (non-fatal) of this disease have come to my knowledge, which will be more particularly referred to in the districts where they occurred—both were imported from a distance, and neither of them spread. One death is recorded from typhus, but typhoid (enteric) fever is certified as the cause of death in 31, and other forms of fever in 8 cases. There have been local outbreaks of measles, scarlet fever, whooping cough, and diphtheria, which will be hereafter referred to, but of the 40 deaths ascribed to diarrhoea 22 occurred under the age of one year, and may more probably be considered as due to developmental than to zymotic disease. As regards the other great classes of disease, the returns for a single year afford no grounds for drawing conclusions as to their prevalence or the

reverse in particular localities ; careful records, continued for a series of years, are necessary for this purpose.

The preceding tables have dealt with the actual numbers ; in those now to be referred to, the figures are reduced to a common standard, so that the proportionate rate of each district is evident at a glance. Thus : Table IX. gives the proportion of deaths occurring at seven ages in each sanitary district, and, as in No. V. the public lunatic asylums are entirely excluded, while union houses are returned in the district where they are situated. The second division contains similar calculations for the whole of the deaths in the registration districts. In examining the figures here given, two considerations must be borne in mind : first, that, other things being equal, the death rate will be higher in a district containing for the most part very young or very old lives ; and secondly, that when the birth-rate is high the mortality-rate will be high also, owing to the large number of deaths that occur in infancy and early childhood from developmental and infantile zymotic disease. These, however, when in excess, point strongly to bad sanitary conditions, and are among the factors which indicate the success or failure with which a sanitary authority discharges its functions in the district under its control.

In the succeeding tables registration districts *only* are dealt with. Table X. shows the birth and death rate per 1,000 living, the percentage proportion of deaths to births, and percentage of deaths under one year to births. It is necessary again to call attention to the fact that the gross death rate in three districts is unduly swelled by the mortality in the public lunatic asylums situated in them ; when these deaths are excluded from the calculations, the corrected rates are as follows :—

Registration District.	Death Rate per 1,000	Percentage Rate of Deaths to Births.
Abingdon	18·86	58·88
Wallingford	18·04	55·97
Easthampstead	11·14	40·12

Table XI. gives the death rate per 1,000 living from the great classes of disease, and from consumption, while Table XII. exhibits the percentage total of deaths due to the same causes.

In order to furnish a standard of comparison, I have added below a few statistical data as to all England and Wales, and also for the south-eastern group of counties (which includes Surrey, Kent, Sussex, Hants, and Berks) extracted and computed from the reports of the Registrar-General. The second column gives the corresponding figures for the combined district.

Mean annual birth rate for England and Wales per 1,000, from 1863 to 1873 inclusive	35.3	Comb.San.Dist. for 1874.
Do. death rate do. do.	22.5	...
Do. do. for country parishes and small towns throughout England and Wales	19.6	...
Do. death rate for South-Eastern counties	19.3	...
Do. do. from 1870 to 1873 incl.	18.5	17.38
Do. birth rate do. do. ...	32.2	30.68
Do. percentage of deaths to births ...	57.0	56.66
Do. do. deaths under 1 year to births	11.1	9.97
Do. deaths under 1 year to total deaths	19.5	17.60

It will be noticed that the death and birth rates are both below the average, and I may add that in 1873 the former did not exceed 16.7 per 1,000 of the population, a proportion but little above the estimated rate (16.0) of a fairly healthy country district. This has been exceeded during the past year, which has not been so generally favourable to health as its predecessor.

NEWBURY RURAL SANITARY DISTRICT,

including the parishes of Wasing, Brimpton, Woolhampton, Thatcham, Newtown, Enborne, Hampstead-Marshall, Speen (part of), Donnington, Chieveley, Boxford, and Welford.

Inspector of Nuisances, Mr. George Marshall.

This forms a part of the union and registration district of the same name, together with the parish and town of Newbury, which has a separate urban authority, and the urban district of Speenhamland in the parish of Speen. The whole of the parishes have been generally inspected, and the number and character of the nuisances reported and abated will be found in Table II. Only four cases have occurred in which legal proceedings have been taken to enforce the carrying out of the requirements of the authority, and in each of these a conviction was obtained. One of the summonses was applied for to obtain the closing of an overcrowded and filthy mud hovel on Crookham Common, which was without door, window, flooring, chimney, closet, or any kind of structural or sanitary accommodation. Another case was that of a horse slaughterer and blood manure manufacturer at Stockcross, who carried on his business in very dilapidated premises, and without any proper precautions to prevent it from being a nuisance to the neighbourhood. In the first case, the hovel was demolished as soon as its inmates left it; in the second, the business was discontinued in the locality. The other two summonses were of no particular interest. Up to the end of the year, a detailed sanitary survey of 413 houses has been made, chiefly in Thatcham and Woolhampton, and the incomplete and unsatisfactory condition of the drainage of the first-named village has been brought under the consideration of the sanitary authority. As regards zymotic diseases, whooping cough has been the most fatal, six deaths having been referred to it out of a total of 19 in this class during the year. Typhoid fever has caused

five deaths, three of which occurred in Thatcham; in each case the premises were found in a defective sanitary state. One of them (removed from Newbury, where the girl was in service) was pretty clearly connected with the use of water from a well known to be sewage polluted; and in another case, at the paper mills near Thatcham, the attack was also attributed to the foulness of the drinking water, which was taken from the stream (already polluted by sewage from the towns above) a little below the point where the washings of the rags entered it. One non-fatal attack at Snelsmore appears to be of some interest as regards the question of the origin of enteric fever. It occurred in a family, in the which there had been several cases in the preceding year, when they were living at Stockcross. They had since removed to an absolutely isolated cottage on the top of a wooded hill, with no habitation anywhere near them; the privy and cesspit closely adjoined the wall of the house, and the soil was extremely porous. The water supply came from a spring in the side of the hill, some three or four hundred yards distant, and was free from any probable suspicion of sewage pollution. The mother was confined to her bed with cancer, and in a shockingly filthy condition—her bedding fouled with the discharges, &c.—when her daughter returned home from service to nurse her, and slept in the same bed; she did not leave the house, nor did anyone visit it, nor had there been any case of fever at the place she left; but in about *three weeks'* time she fell ill, and went through all the stages of clearly marked typhoid. Mr. Palmer, who attended her, kindly informed me that “the characteristic spots were distinct and numerous, and the diarrhoea severe,” but neither he nor I could ascertain a single fact consistent with the theory of her having brought the infection back with her. Unless, therefore, we suppose the poison of the cases in the previous year to have retained its activity for so long a period in some of the *bedding or clothing* belonging to the family (for they had gone to *an entirely fresh locality*) and to have set up disease in the girl when she returned home, it is difficult to see how her attack is to be connected with any previous case; although the filthiness of the dwelling

and the foul saturation of the bedding she used, might in itself be supposed to be enough to account for her illness, if the possibility of such a mode of origination be once admitted.

A few cases of typhoid have also been reported in other parts of the district, amounting in the whole to seven, together with four of scarlet fever; the first of which occurred at Boxford, and was brought from Wales. In every instance all that was practicable was done to secure some amount of isolation, to get the infected discharges disinfected or buried, and all bedding and clothing disinfected as soon as it came from the patient. Much watchfulness and attention on the part of the inspector has been required, to accomplish this with any degree of success; but as regards the fever cases I have no doubt this has been pretty effectually done, and that the spread of disease has been considerably checked thereby. The extreme indifference and negligence of the parents and friends of children suffering from scarlet fever has rendered it almost impossible to get similar precautions regularly taken in this disease, but even here good has resulted from the advice and assistance rendered as soon as the sanitary officers had become aware of its existence.

The corrected death rate amounted to 19·67 in the thousand; the mortality among infants under one year was nearly 19 per cent. of the total deaths, and including those who died before reaching their fifth birthday, it amounted to 28·68 per cent.—the deaths above sixty were 36·47 per cent.

No sanitary works have been as yet undertaken by the authority, but a substantial improvement has been effected throughout the district by their orders under the supervision of the inspector. A considerable number of dry closets have been constructed at Thatcham, Greenham, and other localities, houses cleansed and repaired, drainage provided or improved, and the like. Eighteen samples of drinking water have been forwarded to me for analysis; many were taken from premises in which fever or other zymotic disease had occurred. The general results were as follows:—Four were found to be of fair average quality, five indifferent, and the rest bad, several of them being quite unfit for use. In each of these cases, the parties were

warned against continuing to drink it, and some of the wells were voluntarily closed and others provided. Power is now given to sanitary authorities to obtain a justice's order to close polluted wells if dangerous to health, but there appears to be no means of insisting on the provision of a fresh supply instead thereof, except indirectly, by getting the house closed as unfit for habitation, on the ground of its being without a water supply. Such a measure would only be desirable in extreme cases, and I have not therefore advised the sanitary authority to institute proceedings for this purpose.

NEWBURY URBAN SANITARY AUTHORITY,

Including the Town and Parish of Newbury.

Inspector of Nuisances, Mr. Benjamin Sargent.

The sanitary work of this district, as regards the abatement of nuisances, is given in Table II., and has been principally of a routine character. A beginning has however also been made with the sanitary survey, and the outbreaks of zymotic disease to which I have to refer have been carefully watched (and disinfection carried out) by the inspector, under my direction, with satisfactory results. The town is only partly sewered, and the water supply is from wells, many of which are liable to sewage pollution. It also contains a number of courts, consisting mainly of old cottages in very bad condition, and deficient in every sanitary requirement. Many of the houses in them are so built or situated as to be almost incapable of improvement, and their removal is most desirable, in order to afford proper ventilation to the others; while, in some instances, the only effectual remedy for the present state of things, would be the clearing of the ground and rebuilding thereon on a better plan. The population of the town is, however, much below the minimum limit fixed for the purposes of the Artizans and Labourers' Dwellings Act, so that the sanitary

authority is only able to put in force the ordinary powers for the removal of nuisances; and even in the worst cases can only obtain an order for the closing of houses as "unfit for habitation," while their demolition is what is really required. To prevent the putting up of such buildings for the future, I advised the sanitary authority to draw up a code of bye-laws, to the preparation of which a good deal of time was devoted, and which contains full provisions for the regulation of new buildings, as well as for the ordinary requirements of an urban district. Among the clauses is one in reference to the filling in of any ground previously to building thereon, which provides that "no vegetable or animal or other injurious matter of any kind shall be allowed to be used for this purpose." I attach much importance to this, as it will, if strictly observed, altogether put a stop to the use of the foul rubbish that has too often been employed for this purpose, the decay of which has undoubtedly been a frequent cause of disease among the tenants of newly-built houses.

During the year two local outbreaks of typhoid and of scarlet fever have been reported to me. The first-named was in a group of cottages such as those I have just referred to, known as "the City." I reported to the sanitary authority on the condition of the place, pointing out that some of the tenements were entirely unfit for habitation, and that all were in a most unsatisfactory state as to drainage, ventilation, water supply, and every sanitary requisite. The proper remedy would, in my opinion, have been the clearing of the ground for the erection of a better class of cottages, but this being impracticable for the reason I have before given, three cottages were closed and the rest somewhat improved. Eight persons were attacked with fever in the block, but happily the type was for the most part mild, and no death occurred. The outbreak of malignant scarlet fever was traced to a school attended by a majority of the children attacked; five deaths resulted from the disease in less than a fortnight, but all cases that were heard of were very assiduously watched (as to isolation and disinfection) by the inspector, under my direction, and the

spread of the disease was so far checked thereby that only occasional cases have occurred since. One case of semi-confluent small-pox was imported from Birmingham, in the stage of incubation, and was immediately reported to me. The patient was a girl living in one of a detached block of three cottages at the end of a court in the centre of the town. As there was no hospital to which she could be taken, I advised the sanitary authority at once to remove the persons living in the two adjoining cottages, and to isolate the block from the rest of the court by a high gate kept constantly locked. This was immediately carried out, with the consent of all parties. A nurse was obtained for the patient; thorough and continuous disinfection was carried out under the constant personal superintendence of the inspector. The other residents in the court were revaccinated where necessary, and when the case was at an end the premises were thoroughly cleansed, together with all bedding and clothing which was not burnt. No second case occurred.

I have already alluded to the cases of two sisters who were attacked with fever while in service at a house in the town, and who were removed to their parents' cottage in the rural district, where one of them died. They had both drunk water from a well that was known to be polluted and the use of which had been forbidden by their employer, but I found that they lived chiefly in the basement of a house which overlooked the canal, within a few feet of the outlet of the principal sewers of the town. The smell from these sewers had been much complained of at the time, and there can be but little doubt that sewer gas was driven into the house, when the outlet of the sewer was below the level of the canal; but the only persons who were attacked by fever (so far as I was able to learn) were these two girls who had drunk the foul water. In the report which I laid before the authority as to this matter, I drew their attention to the danger to health that might arise from the existing state of the town sewerage, and some alterations were made at the outlets I have referred to, which lessened the nuisance that had been complained of at that particular spot.

Three deaths have been caused by measles, five by whooping cough, and 15 by phthisis. The corrected death rate is estimated as 18·83 per thousand of the population, and calls for no particular remark ; but 28·5 per cent. of the entire mortality occurred under five years of age, and if a correction is made for the deaths of old persons in the workhouse (from the whole union) the percentage would exceed 31. The deaths above sixty were 33·5 per cent. of the whole. Eighteen samples of water were forwarded to me for examination, of which two only were of fair quality, eight being quite unfit for domestic use.

SPEENHAMLAND URBAN SANITARY AUTHORITY,

Including a part of the parish of Speen.

The condition of this district as to drainage, water supply, and general sanitary arrangements is much the same as that of the town of Newbury, of which it is a suburb. Owing to the resignation of the sanitary inspector, no sanitary works have been carried out since the beginning of the year, and no case of infectious disease has been reported to me. The total deaths amounted to 22, of whom 7 were under 5 years of age and 10 were above 60. One death only occurred between the ages of 5 and 40 years. The mortality from zymotic disease was one each from measles, croup, and diarrhœa.

HUNGERFORD RURAL SANITARY DISTRICT,

Including the Parishes of Avington, Kintbury, West Woodhay, Inkpen, Combe-Buttermere, Ham, Shalbourn, Hippenscombe, Tidcombe, Great Bedwyn, Little Bedwyn, Froxfield, Hungerford, Chilton-Foliatt, Ramsbury, Aldbourn, Baydon, East Garston, East Shefford, West Shefford, and is partly in the counties of Wilts and Hants as well as Berks.

Inspector of Nuisances, Mr. Charles Snell.

This district, the largest in area of those included in the sanitary combination, has a very scattered population, which, during the last ten years, has decreased, according to the census returns, by 533 persons, the ratio of acreage to population being rather above five acres per head. Nearly two-thirds of the houses in the district have been visited by the inspector of nuisances, above 400 having been surveyed in detail, and a large number of nuisances have been discovered, of which the greater part (*vide* Table II.) have been remedied more or less completely. A number of cases (about 80) were brought under my notice by the inspector, in which the privies were built so as to overhang the river Kennet or watercourses communicating directly with it. After I had myself examined the existing state of things, I brought the matter under the consideration of the sanitary authority, and, on my advice, steps were taken to put an end to it forthwith. This form of nuisance has, I believe, now ceased to exist throughout the district. With the exception of a local outbreak of typhoid at Ramsbury and its immediate vicinity, which occasioned four out of the six deaths recorded to be due to fever, and a certain amount of fatal whooping cough in various villages, there has been but little zymotic disease reported to me. The first cases of fever at Ramsbury appeared in the autumn of 1873, and occurred in the upper and best drained part of the village. I found on examination, various nuisances in the immediate vicinity of the houses where the disease existed, although the actual premises were in a tolerably satisfactory condition. In the following early spring, several children were attacked at the outlying hamlet of Whittonditch, but all recovered. Later in the year it reappeared at Ramsbury, and three deaths occurred among old persons—these being all the attacks that I could hear of. In the whole district 27 cases were reported among the sick poor, of which six proved fatal. Enquiry was made into the sanitary condition of the premises in each instance, and in several of them I examined the water supply and found distinct evidence of sewage pollution. Disinfectants were freely used in all cases and every practicable precaution was adopted to prevent the disease from spreading.

The death rate was 15·43 per thousand of the population, as estimated to the middle of the year, or two per thousand below the mean rate of the combined districts. The birth rate was also low, and did not exceed 29·10. No death has been registered from small pox, scarlet fever or measles, and the zymotic death rate was under two per thousand living, or about 7 per cent. of the total deaths. Thirteen samples of water have been analyzed by me, of these five were of fair average quality, the others being more or less sewage polluted and two highly so.

ABINGDON RURAL SANITARY DISTRICT,

Including the Parishes, &c., of Kingston-Bagpuize, Fyfield, Tubney, Appleton, Draycot-Moor, Lyford, Marcham, Radley, Sunningwell, Bagley-wood, Besselsleigh, Cumnor, Wootton, Wytham, Binsey, Seacourt, North Hinksey, South Hinksey, Littlemore, Sandford, Nuneham - Courtney, Baldon - Marsh, Baldon-Toot, Chiselhampton, Stadhampton, Drayton (Oxon), Burcott, Clifton-Hampden, Culham, Sutton-Courtney, Milton, Drayton (Berks.), Steventon.

Inspector of Nuisances, Mr. Edward Mudd.

This district is included, together with the town of Abingdon (which is under an urban authority) in the union and registration district of the same name, and is situated partly in Berks and partly in Oxon. The mean acreage per head of the population is 3·56, or about the average of the rural districts throughout the county. The density per house is 4·9, a figure a little in excess of that given by most of the rural districts in the combination.

The entire district has been generally inspected, a beginning made with the sanitary survey, and in addition to the ordinary work of the inspector as to the abatement of nuisances, much time has been occupied in the sanitary supervision of outbreaks of zymotic disease in various localities. At Drayton, Berks, between thirty and forty cases of fever occurred, mostly of a

mild type, though two proved fatal. I visited nearly every cottage in the village myself, and found that the closet accommodation was bad, the water supply impure, and the general condition of the place most unsatisfactory. After I had reported the result of my enquiries to the sanitary authority, a considerable improvement was effected: dry closets or new and better privies were constructed, wells cleansed, cottages repaired and disinfected, since which there has been very little disease of this class reported there, with the exception of measles, of which there was a good deal in the autumn. A few isolated cases of typhoid have been reported at Sutton-Courtney, Kennington, North Hincksey, and Radley, and six deaths have been certified to the registrar as due to it throughout the district during the year, but there has not been any serious outbreak of the disease, and in nearly every instance distinct evidence of excremental pollution of air or water, or of both, was obtained. The inspector reports that disinfectants have been freely supplied in all cases, and the directions given as to their use have been on the whole pretty fairly attended to. One small group of cases occurred in the vicinity of the fellmonger's works near the Marcham Road, of the effluvia from which great complaints were made. On visiting the place I found these complaints not without foundation, proper precautions having been neglected as to the discharge of the offensive washings, &c., from the skins into the Larkhill ditch. The condition of the covered ditch in the Marcham Road, which receives the drainage of the houses in the neighbourhood, was also found to be exceedingly bad, particularly at the lower end, where it discharges into the Ock, and temporary measures were adopted which considerably lessened the evil; but the only effectual remedy, namely, the construction of proper drainage for the locality, was necessarily postponed, in order that it might form a part of the general sewerage of the town. As regards other zymotic diseases: a localized outbreak of scarlet fever occurred at the beginning of the year at Appleton, and caused two deaths in one family. Shortly after, the disease appeared in the village of Steventon, and continued until the autumn. Thirty-two cases were re-

ported in the weekly returns of pauper sickness, and two proved fatal. Measles also prevailed both here and at the neighbouring village of Drayton (Berks) during the last quarter of the year, and of nearly sixty children attacked four died. I laid before the sanitary authority a report on the state of the drainage and water supply of Steventon, which was very defective, the drainage passing almost entirely into an ill-kept open channel on one side of the main road, and the drinking water being taken for the most part from an open watercourse, which is supplied by the Genge brook after it has received the drainage from East Hendred and other places. Other obvious local nuisances were also pointed out, which have since been abated ; two of the worst cottages, which were unfit for habitation, have been pulled down and good ones built in their stead, and the drainage channel was somewhat improved ; but as yet no decision has been come to as to the improvement of the water supply. At Appleton, a scheme was prepared for carrying off the drainage of the place, but difficulties occurred as to the obtaining an outfall, and the matter remains in abeyance. At Clifton-Hampden, a case of diphtheria occurred at the end of September ; it was of so mild a type at first that the child was allowed to continue at school : within a few days nearly forty cases occurred in the village, mostly among the school children or other children belonging to the same families. Three deaths took place in three days. At my suggestion the schools were immediately closed, and isolation and disinfection were carried out as rigidly and thoroughly as possible, with the result that the outbreak was almost immediately stamped out ; a very few cases appeared afterwards, but none proved fatal, and practically the disease was at an end. In some respects the sanitary state of this village was decidedly better than that of the others I have referred to, but many instances of foul privies and polluted water supply were discovered, and, in addition, the locality, as a whole, is low and damp, much shut in by trees, and in the lower part it is liable to be flooded by the river.

As regards other classes of disease, there is little that calls

for special remark. In the Nuneham-Courtney registration district a considerable number of deaths are referred to insanity, epilepsy, &c. These occurred among the patients at the Littlemore Lunatic Asylum, which contains about 500 inmates, of whom 83 only belong to Berkshire, and 22 and 26 to the respective boroughs of Abingdon and New Windsor, the remainder being sent there from Oxfordshire and the city of Oxford. It has therefore been necessary to exclude from consideration the 44 deaths that have occurred in this institution in calculating the true death rate of the district as shewn in Tables V. and IX. The corrected rate thus ascertained was 17.9 per thousand living, a number in excess of the average of rural districts in a good sanitary state, but considerably less than the gross rate (vide Table X.) of the entire registration district, which also includes the town of Abingdon. The amount of infant mortality was however very large; inasmuch as 62 deaths (out of a total of 290) occurred under one year, and 46 between the ages of one and five, being no less than 37.24 per cent. of the entire mortality, or excluding the deaths (wholly of adults) in Littlemore Asylum, 43.9 per cent. These deaths are chiefly referred to wasting and the developmental diseases of infancy and early childhood, but some are included in the zymotic class. I am not able to give the percentage proportion of deaths under one year to the total births in the district, having no means of separating the births in the town of Abingdon from those in the rural district; for the entire registration area this percentage is 12.68, or rather more than half as much again as the mean rate for England and Wales.

Thirty-two samples of water have been examined by me, of which four only were of fair quality, sixteen were decidedly bad, and the remaining twelve of very indifferent character. Most of them were taken from surface wells, which are indeed the most general sources of supply throughout the district. Many of the wells were consequently cleansed, a few were voluntarily closed and others provided, the parties in all cases being cautioned against continuing to use the impure water.

ABINGDON URBAN SANITARY DISTRICT,

Including part of the parishes of St. Helen and St. Nicholas.

Inspector of Nuisances, Mr. Edward Mudd.

In this district the questions of drainage and water supply had been brought to the front in consequence of the enquiry made for the Local Government Board in 1872, by Dr. Thorne Thorne, on account of the prevalence of enteric fever in the town. Various plans were submitted for the consideration of the sanitary authority, and experiments were carried out as to the purification of the sewage, with the hope that the effluent might be allowed to pass into the river; but practical difficulties occurred, arising partly from the site selected being unsuitable for the purpose, and they were abandoned. After much consideration it was finally decided to request Mr. Bailey Denton to prepare plans for the sewerage of the town on his plan of intermittent filtration through land—and the necessary parliamentary notices were given. Twenty-six samples of water were examined and reported on by me; two only were found of satisfactory quality (one of these being from an artesian well and free from organic pollution), while sixteen were very decidedly bad, and the remaining eight of very suspicious character. The authority thereupon resolved to take steps for procuring a general water supply, and for that purpose instructed Mr. Denton to make a trial-boring at some distance from Abingdon on the Wootten Road, in order to ascertain if a sufficient amount of good water could be obtained in that locality. Necessarily some time must elapse before these two schemes can be fully carried out; but beyond question the benefit which the town will derive from them when completed will amply justify their cost. The bad condition of many of the cottages, yards, and courts has also been brought by me under the consideration of the authority; but here, as in the other urban districts of the combination, the Artizans and Labourers' Dwelling Act is unavailable, by reason

of the limited population of the town, and consequently little but what is of a palliative character has been done for these places, in which healthy living is at present almost an impossibility. Their condition has, however, been somewhat improved by the abatement of many ordinary nuisances, and, as regards scavenging and the removal of refuse, they are decidedly in a better state than formerly. The importance of revising and extending the bye laws at present in force in the borough has also been brought by me under the consideration of the authority; but the proposed code has not as yet been settled. I trust, however, that when they are agreed to and confirmed by the Local Government Board, there may be an extension of cottage building (for which there is urgent need) under regulations which will ensure their affording healthy and proper accommodation for their inmates. Comparatively few cases of zymotic disease have been reported, but they include four cases of enteric fever—in all of which I found the water sewage-polluted. One death has occurred from fever, one from diphtheria, and three from measles. Four deaths were certified as caused by infantile diarrhœa. These may be probably regarded as due to the bad feeding and careless nursing which account for so large a proportion of the deaths that occur in the first year of life, rather than to zymotic disease. Out of a total mortality of 120, 27 deaths occurred under one year, and 17 between one and five years of age, being no less than 36·67 per cent. of the whole; while there were 31 deaths of persons of sixty years and upwards: The death rate from all causes amounted to 21·25 per 1,000; and 14·4 per cent. of the entire mortality was caused by tubercular disease.

WALLINGFORD RURAL SANITARY DISTRICT,

Including the Parishes, &c., of Aston-Tirrold, Aston-up-Thorpe, Moulsoford, Cholsey, Sonth Moreton, North Moreton, Didcot, Hagbourne, Long Wittenham, Little Wittenham, Brightwell, Sotwell, Dorchester (part of), Warborough, Newington (part of), Berwick-Salome, Bensington, Ewelme, Crowmarsh-Gifford,

Newnham-Murren, Mongewell, North Stoke, South Stoke
in the Counties of Berks and Oxon.

Inspector of Nuisances, Mr. Abraham Withers.

In this district (which with the town of Wallingford is included in the registration district) the whole of the villages have been generally inspected, and some progress has been made with the sanitary survey, though this has been delayed by the demands made on the time of the Inspector in dealing with ordinary nuisances, of which he reports that a large proportion has been abated, without the serving of formal notices to do so. A certain number of dry closets have been put up, but a good deal of difficulty has been met with in overcoming the prejudice felt against them, especially among persons who object to the small amount of trouble required to keep them in a proper condition. The villages of East Hagbourne, Dorchester, Moulsoford, Long Wittenham, have been brought by me under the notice of the sanitary authority, and improvements have been effected in their sanitary arrangements as to closet accommodation and water supply, in consequence of my reports. Eighteen samples of water have been submitted to me for analysis, of which several were from premises in which cases of fever had occurred, others being taken from wells, or from springs generally used in their respective neighbourhoods; nearly all proved to be polluted by sewage percolation, or to contain decaying vegetable matter; nine being decidedly unfit for use as drinking waters. The apparent mortality of the district is high, being swelled by the large number of deaths (fifty) in the county lunatic asylum at Moulsoford (the average number of patients in which amounted to 286.) Deducting these from the gross number, and dividing the deaths in the union house between the rural and urban districts in proportion to their population, we find the corrected death rate to have been 17·8 per 1,000. The deaths under one year amount to nearly 22 and those above sixty years to about 44 per cent. of the whole. As regards zymotic diseases, measles has been

somewhat prevalent in the district during the autumn, especially at Cholsey and Brightwell, and accounts for eight of the twenty-nine deaths due to this class. Diphtheria caused the deaths of three persons, and in these cases, as well as in those of enteric fever, which occasioned six deaths during the year, defective sanitary conditions, either of drainage or water supply, were found to exist in almost every instance. Five deaths occurred from diarrhoea—three of them in the Moultsford asylum—all of adults, and complicated with other diseases, so that they cannot be considered as belonging to the zymotic class. A large amount of fatal cerebral disease was registered in the Cholsey sub-district; this occurred chiefly in the lunatic asylum, and had no connection with the district itself. On the other hand, the tubercular death rate of the whole registration district was below the average of the combination, being only 9·12 instead of 13·36.

WALLINGFORD URBAN SANITARY DISTRICT,

Including the parishes of All Hallows, St. Leonard, St. Mary-le-More, and St. Peter.

Surveyor and Inspector of Nuisances, Mr. J. Clarke.

In this district the Surveyor has been acting as Inspector pro tem., but nothing has been done beyond the regulation of scavenging and emptying of cesspits, &c. In the latter part of the year, Mr. A. Withers, the Inspector of the rural district, was appointed for the town also, and I have visited with him the greater part of its worst portion, the condition of which is exceedingly bad. The state of the Millbrook, which skirts one side of Wallingford and discharges itself into the Thames, has also been examined by me, in consequence of complaints made as to its offensive condition. I found that it received a good deal of the drainage of adjoining factories, &c., in addition to the

overflow of the cesspits and the ordinary house drainage of several of the cottages near. In consequence of my report to the sanitary committee, this has now been all cut off, and the nuisance remedied. Two samples of drinking water taken from houses in the centre of the town have been examined by me; both were found to be exceedingly polluted; this was a result that might naturally have been anticipated, as the sub-soil is porous, and the cesspits almost universally so constructed as to allow the percolation of their liquid contents into the ground. The gross mortality for the year amounted to 65, of which ten deaths occurred in the union house; deducting eight from these last as the proportion due to the rural district, we have a corrected mortality of 57, which gives a death rate of 18·74 per 1,000, or about 1 per 1,000 in excess of the rural district. Of these, nearly 31 per cent. occurred under five, and 40 per cent. above sixty, of which 13 per cent. were more than eighty years of age. The deaths from zymotic diseases were limited to three fatal cases of measles, one of scarlet fever, and one of croup. Five deaths were referred to consumption.

BRADFIELD RURAL SANITARY DISTRICT,

Including the parishes of Goring, Streatley, Ashampstead, Basildon, Bradfield, Stanford-Dingley, Yattendon, Frilsham, Bucklebury, Beenham - Vallence, Aldermaston, Padworth, Stratfield - Mortimer, Sulhampstead, Grazeley, Burghfield, Englefield, Tidmarsh, Sulham, Tilehurst, Purley, Pangbourn, Whitchurch, Mapledurham, in the Counties of Berks and Oxon.

Inspectors of Nuisances, Mr. W. B. Bunce, and Mr. J. V. Ward.

In this district a moderate increase of population in a few of the parishes between 1861 and 1871, has rather more than made up for a continuance of the decrease in most of them, which in the previous ten years had occurred to a considerable extent. In some localities many very good cottages have been

built of late years ; but this improvement has been confined to a few estates only, so that it has as yet not made much change in the general character of the cottages throughout the district.

My attention having been directed to the condition of the village of Theale, in Mr. Bunce's district, I visited every house in it with him, and reported to the sanitary authority its requirements as to drainage, water supply, and disposal of excreta. A committee was appointed to consider the matter, and an attempt was made to carry out the recommendations as to water supply, by the voluntary action of the residents, but up to the present time without success. The Inspector has, however, succeeded in getting a considerable number of privies replaced by earth closets, and in other respects has effected considerable improvements in individual premises.

Forty-two samples of water have been examined by me, of which twenty-three were from the above-named village ; of the whole number five were found to be tolerably pure, eleven decidedly bad, and the rest more or less doubtful in quality. In some parts of the district, the exceedingly hot and dry summer caused much inconvenience from the drying up of wells and ponds. This was especially the case at Goring Heath, with reference to the condition of which I reported to the authority, and temporary arrangements were made for supplying water by means of water carts during the continuance of the drought. In consequence of the polluted condition of the water of two wells which supplied a row of cottages in Theale, where cases of fever had occurred, a summons was applied for to obtain a justice's order to close them, and a conviction obtained. Two tube wells were driven down to the chalk to supply their place. The condition of the well water in parts of Mortimer, Burghfield, Ufton, Pangbourn, &c., has also been brought under the notice of the authority, and some improvements have been effected in consequence.

A large number of ordinary nuisances have been abated throughout the district, the details of which are returned in Table II. by the Inspectors.

The mortality from all zymotic diseases has amounted to 37, being at the rate of 2·3 per 1,000, and 12·3 per cent. of the deaths from all causes; but this apparently high rate is due to the prevalence of whooping cough in the spring, which occasioned thirteen deaths, of which five were in the parish of Tilehurst; six deaths were also referred to diarrhœa. With these exceptions, there has been very little serious illness of this class, one death only having been caused by typhoid, and two by simple continued fever; scarlet fever and diphtheria account for three deaths each, and measles for two.

The death rate from all causes has not exceeded the average of a healthy country district, being 16·5 per 1,000. Nearly 26 per cent. of the whole mortality occurred under five years of age, 8·5 being under one year. About 45 per cent. were above sixty years old, nearly 14 per cent. having attained the age of eighty. As regards tubercular, pulmonary, and brain diseases, the calculated death rates given in Tables XI. and XII. are the lowest for any district included in the sanitary combination; but the experience of a series of years is necessary to show how far this is or is not an exceptional circumstance.

COOKHAM RURAL SANITARY DISTRICT.

Including the parishes of Waltham-St. Lawrence, Shottesbrook, White Waltham, Bray (part of), Hurley, Bisham, Cookham (part of).

Inspector of Nuisances, Mr. W. Charman.

In this district, which is included with the town of Maidenhead in Cookham union and registration district, the office of Inspector was at first held by Mr. Iremonger, the superintendent of police, Mr. Charman being appointed when he resigned. The ordinary nuisances abated are shown in the returns made in Table II. The population of the district has decreased during the last ten years at the annual rate of 43·6, and the

entire mortality, after crediting it with its proportion of the deaths in the union house, was 139 during the year, which gives a death rate of 16·24 in the 1,000. Of these, ten occurred from various forms of zymotic disease, including two from measles, two from whooping cough, and three from croup, being about 7 per cent. of the whole. No death has been referred to fever, or scarlet fever, and there has been almost an entire absence of zymotic disease in the returns of pauper sickness since they have been forwarded to me. The deaths from phthisis amount to 14, or 10 per cent. of the whole. The percentage of deaths under five years was nearly 30, and that above sixty years about 39. There does not appear to be anything calling for particular remark in the condition of the district, which has however the ordinary sanitary deficiencies common to most rural areas. Five samples of water were submitted to me for examination, of which three were of indifferent quality, and two decidedly bad. In the low lying grounds of the Thames valley, and on the clay, the water supply appears to be generally unsatisfactory; but in the more elevated parts of the district, where deep wells are sunk into the chalk, it is (except when polluted by sewage filtration) of very good quality.

MAIDENHEAD URBAN SANITARY DISTRICT, Including part of the Parishes of Bray and Cookham.

Inspector of Nuisances, Mr. E. Davey.

In this district there has been, during the ten years interval between the census of 1861 and that of 1871, a mean yearly increase of 227 persons, a considerable portion of which is clearly due to the influx of residents from without, as the excess of births over deaths for the entire Cookham registration district has only been at the mean rate of 199 per annum.

Maidenhead is partly sewered as to its centre, and the outfall is carried to an irrigation meadow on its outskirts, near the railway station; but the sewers do not extend into the lower

part of the town, in which there are a considerable number of courts and yards, the sanitary condition of which is very unsatisfactory in nearly every respect, there being no drainage available and the wells being also very generally exposed to sewage infiltration. In consequence of the impurity of much of the well water, arrangements have been made by the sanitary authority for a supply from a deep artesian well to stand-pipes put up in convenient localities, and the question of providing waterworks for the town has also been repeatedly under consideration. During the great drought of the summer there was in some places, and especially at Boyn Hill, a great scarcity of water, and on my report thereon, provision was made for a temporary supply by means of water carts, which was continued till the wells and springs filled again. The condition of the drainage and of the courts already referred to, has been brought by me under the consideration of the authority, but as yet only obvious nuisances have been dealt with, as shewn in the inspector's return (in Table II.); he further reports that many nuisances were abated besides those included therein, but as they were removed at his verbal request no record was kept of them.

The corrected total deaths for the year (including only the *pro rata* proportion of those in the union house) amount to 88, or only 12·71 per 1,000 of the estimated population. The gross mortality amounted to 103. Of the nine deaths referred to zymotic disease nearly half (four) were caused by whooping cough: scarlet fever, measles, croup and diarrhoea accounting for one each; one only (in the union house) was referred to continued fever. Nine deaths were registered from consumption, which thus equalled in fatality all the preceding class. Thirty-three deaths occurred under five years of age; this gives a high per centage (32·03) of the gross mortality, especially when it is noted that this last includes the whole of the deaths (mostly of old persons) in the union house. Thirty-seven persons died who had attained 60 years and upwards, and two who had reached the great age of 95 and 96 respectively.

EASTHAMPSTEAD RURAL SANITARY DISTRICT,

Including the Parishes of Binfield, Warfield, Winkfield, Ascot, Easthampstead and Sandhurst.

Inspector of Nuisances, Mr. G. Slarke.

This district, like the preceding, has a population which has increased from 1861 to 1871 at the mean annual rate of 319 persons, or rather more than three times the amount of the excess of births over deaths for the year. This increase is, therefore, chiefly due to immigration, doubtless, in part, owing to its reputation (and especially to that of Sandhurst) for salubrity. The gross deaths amounted to 149 (giving a mortality rate of 12·77 per 1,000), but of these 19 occurred at the criminal lunatic asylum at Broadmoor, and are excluded from the calculations in Tables I., V. and IX. The corrected death rate is therefore only 11·14 per 1,000. The birth rate is also remarkably low, and did not exceed 27·76 per 1,000. The percentage ratio of deaths to births was only 46, and of deaths under one 6·17; the deaths under five years of age numbered 31, those above 60 were 48, and they amounted to about 24 and 37 per cent. of the entire mortality respectively.

As regards the Sandhurst registration sub-district, it may be observed that the high-class lives of the youths at Sandhurst and Wellington College, among whom no deaths have occurred, and who at the census of 1871 numbered about 485, may be, for statistical purposes, set against the 477 lunatic inmates of Broadmoor. If we exclude these altogether from consideration and take into account only the rest of the population, which has nearly trebled within the last twenty years, and now numbers about 2,250, the total mortality was 19, which gives a death rate of 8·4 per 1,000 only. No death was registered from zymotic disease, and, out of the asylum, but two from phthisis.

In the Bracknell sub-district there was no death from small pox, scarlet fever or measles, but one case of the first-named

disease occurred at Winkfield, which was believed to have been contracted at a race meeting in the north. Every precaution was taken to prevent its spread as soon as the case came to my knowledge. The ordinary vaccination in that part of the district was hastened, revaccination performed where necessary, isolation and disinfection were maintained as completely as practicable, and no other case occurred. The sanitary state of the row of cottages in which the patient lived was found by me to be very unsatisfactory, and the sanitary authority directed improvements to be made in accordance with my report, which were carried out. Three deaths have been registered from fever; one of them was imported from the town of Windsor, and in each case the disease did not spread beyond the person first attacked. These all, with four fatal cases of diphtheria occurred in various parts of the parish of Winkfield, as well as three fever cases among paupers, all of whom recovered.

The condition of the drainage and water supply of the village of Bracknell was reported on various occasions to the sanitary authority, and twenty-four samples of water were examined by me in connexion therewith, of which I found three to be of fair quality, six suspicious, and 15 unquestionably bad. A scheme for the drainage and water supply of the village was prepared by Mr. Ripley, the surveyor to the authority, and accepted by them, which would have effected a much-needed improvement, and provided good drainage and pure water for a locality where both were and still are greatly required. It was proposed to form the village into a special drainage district, or rather, to vary the boundary of the existing one, in order to carry out the works; and Mr. Harrison, one of the Inspectors of the Local Government Board, held an enquiry with reference thereto, but in the end the consent asked for was refused; and as the sanitary authority declined voluntarily to proceed with the work unless the expense to be incurred was borne by the locality to be

benefited, the whole matter remains as yet in abeyance; and although improvements have been effected in some parts of the village, the state of things is essentially unchanged, and the people of Bracknell still pour their drainage into cesspits which allow the greater part of the drinking water to be polluted with the sewage of the place.

WINDSOR RURAL SANITARY DISTRICT,

Including the Parishes, &c., of Sunninghill, Thorpe, Egham, Old Windsor, Dedworth, Clewer (part of.)

Inspector of Nuisances, Mr. P. J. Byrne.

As the town of Windsor is not included in the combined sanitary district, the general statistics in the first Table deal only with that part of the union and registration area which is under the control of the rural authority. This, however, includes the urban population of Clewer and Spital, which are suburbs of Windsor; and the town of Egham. The mean yearly increase between 1861 and 1871 has amounted to 303, a number more than double that of the annual excess of births over deaths.

The whole district has been generally inspected, and the sanitary survey of about 370 houses at Clewer, Egham, Dedworth, &c., completed by the inspector, who reports a number of nuisances of various kinds as abated in his return.

The attention of the authority has, on various occasions, been called, both by the inspector and myself, to the want of drainage at Clewer and Clewer New Town, and to the desirability of making arrangements (if practicable) to provide for the sewerage of this part of the district in connection with the sewage works now being carried out by the corporation of Windsor; but the urban authority having declined to permit a connection to be made with their outfall sewer, this matter is entirely at a standstill.

The need of proper sewerage for the town of Egham has also been laid before the authority, as nearly all the cesspits allow of percolation through their walls, and the same plan is being adopted in the new houses on the outskirts, of which a considerable number are now being erected. From the level of the locality, the river when high fills both the cesspits and wells at the lower part of the town, and when the water subsides, the foul liquid from the former is found in abundance in the drinking water.

Twelve samples of water have been forwarded to me for examination, the whole of which were bad, nine of them being extremely so, and altogether unfit for use.

The gross mortality of the district, including the whole of the deaths (37) in the union house, amounted to 16·06 per 1,000; deducting the proportion of these last due to the borough, we get a corrected death rate of 14·55 per 1,000. Thirty-one deaths were referred to the zymotic class, of which, twenty were due to the seven principal diseases classified by the Registrar-General in his reports (*vide* Table XII), or about 9 per cent. of the whole mortality. There have been four deaths from typhoid fever, and in each case the sanitary conditions of the premises were found very defective; two of the number occurred in a row of cottages at Old Windsor, where the overflowings of the cesspits passed into a nearly stagnant ditch, at the end of the yards in which the wells were situated—the water was found to be largely sewage polluted. In consequence of my report to the sanitary authority a fresh well was dug, the ditch was filled in, small and cemented cesspits were provided, and the general condition of the premises greatly improved. The remaining two were at Virginia Walk and Sunninghill. Two deaths only have taken place from scarlet fever, and six from erysipelas, pyæmia and the like. In nearly every instance of these zymotic diseases throughout the district that has come to my knowledge, somewhat similar conditions were found to exist, and have been remedied on the report of the inspector or myself. Whooping cough caused five, and diarrhœa (mostly infantile) eight deaths. The deaths

from tubercular diseases have been numerous, amounting to nearly 18·0 (and for phthisis only), to 15·6 of the total mortality; but the records of future years will be necessary in order to ascertain if this mortality is normal in the district, or if it has been due to accidental causes. With regard to other classes of disease, no special remarks appear to be called for, but the large percentage (30·12) of deaths under five years of age should be noted—two thirds of this mortality occurred in the first year of life, and chiefly from developmental disease.

APPENDIX.

Copy of Directions issued (in each Sanitary District) as to Infectious Diseases.

You are earnestly advised to observe carefully the following directions for limiting the spread of Scarlet Fever (or Scarlatina), Diphtheria, Small-Pox, Measles, Fever, Cholera, or other "catching" diseases.

1.—Every case of the above diseases should be at once reported to the Sanitary Inspector,, at his office at, and Medical Advice obtained immediately.

2.—The sick person should be placed in a separate room, and kept apart from the rest of the family, *as also the attendants, as far as is practicable.* When the patient cannot have a separate room he should be, if possible, treated in a hospital.

3.—*Remove all carpets, curtains, &c., from the sick room. Ventilate thoroughly (a small fire promotes ventilation,) and hang in the doorway of the room an old sheet, to be kept constantly moistened with disinfecting solution. The floor should be freely sprinkled from time to time with disinfecting powder, which should also be kept in all vessels in which discharges from the throat, bowels, or kidneys are to be received.*

4.—As far as possible employ old linen for the patient's use, and small pieces of rag for handkerchiefs, and *burn them directly they are done with.*

5.—All the clothing, bed linen, &c., should, as soon as removed from the patient, be thrown into boiling water, containing a disinfectant. They can afterwards be cleaned as usual. All cups, glasses, and vessels used in the patient's room should be disinfected carefully in the same way, before they are used by other persons.

6.—In Small-Pox or Scarlet Fever, the skin of the patient (*which is highly infectious*) should be kept constantly greased or oiled (under the advice of the medical attendant) and when sufficiently recovered he should take a warm bath containing a wineglassful of Condyl's Fluid, and be well washed with warm water, using carbolic acid soap freely. *This should be continued daily till the skin has quite done peeling and is no longer rough.*

7.—Nurses and attendants on the sick should wear washing dresses, not woollen ones. They should wash their hands often, *and always before eating*, in water containing a disinfectant.

8.—If the case proves fatal, the funeral should take place as *quickly as possible*. In the meantime the body should be thickly covered with disinfecting powder, and screwed down in the coffin *at once*. Disinfectants should also be freely used in the room.

9.—After the disease is at an end, all the bedding and clothing of the patient and attendants, all floors, walls, ceilings and furniture on which infectious matters can have settled, should be thoroughly cleansed, disinfected, and fumigated. Bedticks and the like should be well boiled in water containing a disinfectant; the contents, if of straw, should be burnt (under the directions of the Sanitary Inspector) at a distance from

any house ; (or if of other materials may be fumigated in the room as under), but if saturated with discharges from the body should be freely disinfected and then buried or burnt.

10.—Fumigation of infected rooms (in which all articles of clothing, &c., to be disinfected should be spread out), may be performed by burning from a quarter to half of a pound of brimstone in an iron saucepan lid, placed on a pair of tongs laid across a pail of water. The fire place and *all* openings into the room should be closed with paper and paste, and a shovel-ful of live coals put upon the brimstone. The room should be kept closed for twelve hours ; after this every thing in it should be thoroughly cleansed in the usual way, the wall-papers soaked (before they are stripped off) with water containing a disinfectant, the paint and woodwork well scrubbed with the same, and the walls and the ceiling limewashed, and the chamber well ventilated and left unoccupied for a fortnight.

11.—All drains, sinks, closets and sewers, should be well flushed every day with water containing a disinfectant, and dustbins should be freely sprinkled with the same. All slops from the sick room, and all discharges from the patient, should be *thoroughly* disinfected before they are thrown into the water closet or privy, or (*where practicable*) *buried in the garden at a distance from the house or well.*

12.—*It is of the greatest importance that the drinking water should be pure, and that no drainage from the house or privy passes into the well.* See that all wells, cisterns and waterbutts are kept well cleansed and covered, and the drinking water (if of doubtful purity) well boiled and filtered through animal charcoal before use.

13.—The best disinfectant for use in the sick room is Carbolic acid ; strength—a quarter of a pint to a gallon of water. If the smell is objected to, Condyl's Fluid may be used, but is not so reliable. The strength for use is two teaspoonfuls to a pint

of water. The best disinfectant for sinks, drains, closets, &c., is Carbolic Acid Powder, or a solution of Green Copperas in water; strength—one pound to a gallon.

14.—Persons unable to purchase the necessary disinfectants are urged to apply at the office of , the Sanitary Inspector of , where they will be supplied free of cost in all suitable cases.

15.—When dangerous infectious disease is present in a house, the children of the family should not be sent to school, until all risk of carrying the infection is at an end.

CAUTION.

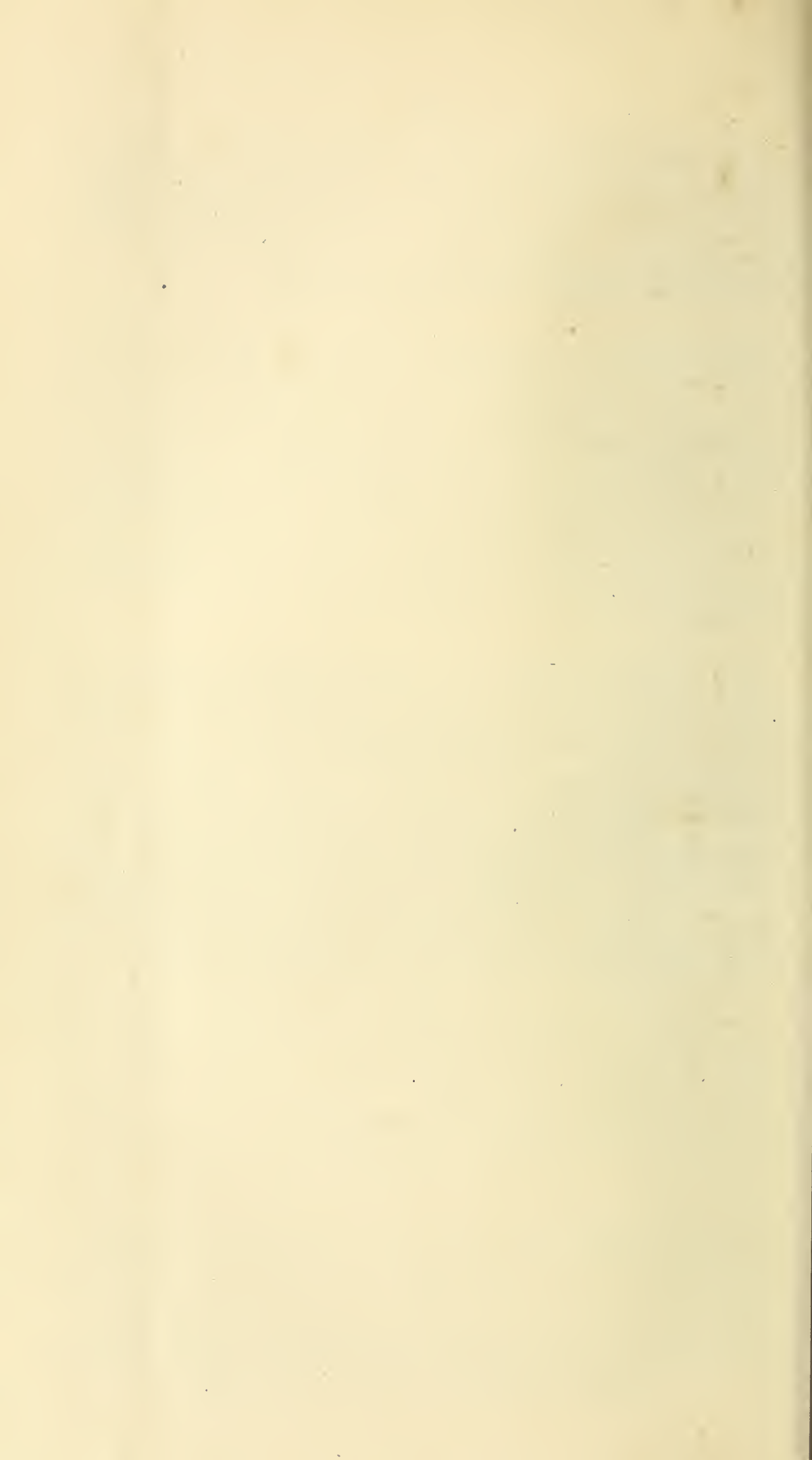
Any person suffering from a dangerous infectious disorder, who wilfully exposes himself, without proper precaution against spreading the disorder, in a street, public place, or public conveyance; also any person in charge of such a patient who thus exposes him, also any owner or driver of a public conveyance who does not immediately provide for its disinfection after it has with his knowledge conveyed such a patient; also any person who gives, lends, sells, transmits, or exposes any thing which has been exposed to infection without previously disinfecting it, is, on conviction before a Justice, liable to a penalty not exceeding FIVE POUNDS.

Any person suffering from a dangerous infectious disorder, who enters a public conveyance without informing the owner or driver of his condition, is liable to a penalty not exceeding FIVE POUNDS, and to pay to the owner and driver the losses and expenses to be incurred by him in consequence.

Any person knowingly letting a house, or part of a house, in which any person suffering from a dangerous infectious disorder has been without having it previously disinfected to the satisfaction of a qualified Medical Practitioner, is liable to a penalty not exceeding TWENTY POUNDS.

And any owner or occupier, or person employed to let, or to shew for the purpose of letting, any house or part of a house, who makes a false answer, when questioned as to the fact of there being in such house, or having been therein within six weeks previously, any person suffering from an infectious, contagious or epidemic disease, is liable to be IMPRISONED with or without hard labour, for a term not exceeding ONE MONTH, or to pay a penalty not exceeding TWENTY POUNDS.

Any owner or occupier of a house in which dangerous infectious disease has been present, and to whom notice has been given by the Local Authority requiring him to cleanse and disinfect such house or part thereof and any articles therein likely to retain infection, is liable to a penalty not exceeding TEN SHILLINGS FOR EVERY DAY, during which he shall make default in complying with the said order, and the local authority shall cause the works to be carried out, and the expenses thereof may be recovered in a summary manner.



COMBINED SANITARY DISTRICTS OF BERKSHIRE.

TABLE I.

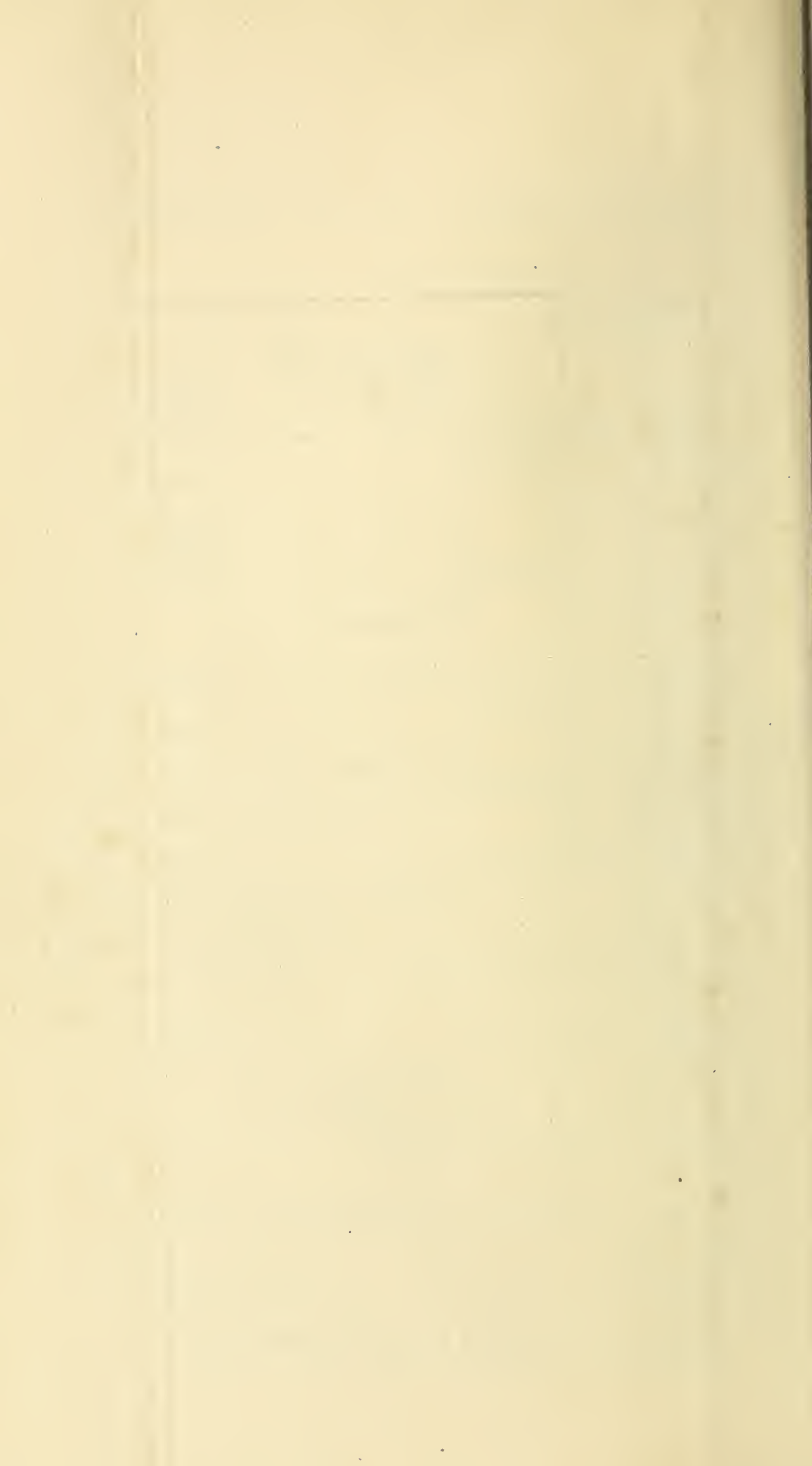
Registration Districts and Districts of Sanitary Authorities.	Area in Acres.	Inhabited Houses. Census 1871	Population. Census 1871	Acreage per Person.	Density of Population per House.	Mean Annual Rate from 1861 to 1871						Estimated Population to middle of 1874.	Corrected Deaths, 1874. ††	Corrected Death Rate per 1,000 living, 1874. ††
						Marriages.	Births.	Deaths.	Excess of Births.	Increase.	Decrease			
NEWBURY	42,956	4,548	20,641	.....	...	135.2	643.2	413.8	229.4	64.2	.....	20,849	.....	.....
Including { Newbury Rur. San. Dist.	41,234	2,860	12,938	2.93*	4.2	.....	.....	.....	.....	18.2	.....	13,015	256	19.67
„ Urban District.	1,722	1,448	6,602	0.26	4.6	.....	.....	.....	.....	44.1	.....	6,745	127	18.83
{ Speenhamland Urb. Dist.	.....	240	1,101	.....	4.6	.....	.....	.....	.....	1.9	.....	1,107	23	20.78
HUNGERFORD*	98,287	4,232	19,349	5.08	4.6	121.7	623.5	369.5	254.0	.....	53.3	19,177	296	15.43
ABINGDON	56,445	4,448	21,561	.....	...	146.9	683.7	473.3	210.4	70.0	.....	21,789	.....	.....
Including { Abingdon Rur. San. Dist.	56,100	3,205	15,762	3.56	4.9	.....	.....	.....	.....	44.6	.....	15,905	285	17.92
„ Urb. San. Dist.	345	1,243	5,799	0.06	4.7	.....	.....	.....	.....	25.4	.....	5,881	125	21.25
WALLINGFORD	40,860	3,132	14,648	.....	...	88.2	440.9	262.9	178.0	63.1	.....	14,853	.....	.....
Including { Wallingford Rur. San. Dis.	40,456	2,565	11,676	2.76	4.5	.....	.....	.....	.....	41.9	.....	11,812	211	17.86
„ Urb. San. Dis.	404	567	2,972	0.13	5.2	.....	.....	.....	.....	21.2	.....	3,041	57	18.74
BRADFELD*	62,166	3,362	15,853	3.92	4.7	91.1	496.0	278.6	217.4	8.2	.....	15,880	252	16.50
COOKHAM	29,492	2,974	14,873	.....	...	86.0	447.7	248.7	199.0	184.2	.....	15,472	.....	.....
Including { Cookham Rur. San. Dist.	.....	1,806	8,700	**	4.8	.....	.....	.....	.....	.....	43.6	8,560	139	16.24
{ Maidenhead Urb. San. Dis.	.....	1,168	6,173	1.98	5.3	.....	.....	.....	.....	227.8	.....	6,923	88	12.71
EASTHAMSTEAD*	25,176	1,840	10,632	2.37	5.8	44.1	252.4	147.1	105.3	319.6	.....	11,671	130	11.14
WINDSOR, Part of * (Rur. San. Dist.)	20,152	2,930	14,956	1.35	5.1	41.7	391.4	263.5	127.9	303.5	.....	15,942	232	14.55

* The Registration Districts thus marked correspond with those of the respective Rural Sanitary authorities.

* Including Speenhamland.

** Including Cookham and Maidenhead.

† In the two columns thus marked the deaths in the Public Lunatic Asylums have been excluded altogether; those in Union Houses have been assigned to the respective Sanitary Districts in proportion to their population.



COMBINED SANITARY DISTRICTS OF BERKSHIRE.

TABLE II.

TABLE II.
Return, by Inspectors of Nuisances, of Sanitary Works carried out from June to December, 1873, and in the Year 1874.

Name of District		Newbury Rural District.		Newbury Urban District.		Speenhamland Urban District.		Hungerford Rural District.		Abingdon Rural District.		Abingdon Urban District.		Wallingford Rural District.		Wallingford Urban District.		Bradfield Rural District. No. 1.		Bradfield Rural District. No. 2.		Cookham Rural District.		Maidenhead Urban District.		Easthampstead Rural District.		Windsor Rural District.	
		C. Marshall.		B. Sargent.		C. Rogers.		C. Snell.		E. Mudd.		E. Mudd.		A. Withers.		J. Clarke.		W. B. Bunce.		J. V. Ward.		E. Iremonger W. Charman.		E. Davey.		G. Clarke.		P. J. Byrne.	
		1873	1874	1873	1874	1873	1874	1873	1874	1873	1874	1873	1874	1873	1874	1873	1874	1873	1874	1873	1874	1873	1874	1873	1874	1873	1874	1873	1874
1. No. of Premises inspected ... ..		...	...	136	344	35		1054	1500	...	...	...	...	...	534		143	385	239	195	74	123	74	151	231	250	195	310	560
2. " Inspections for Sanitary Survey ... ..		...	413	...	35	...		...	413	...	98	...	174	...	279		...	...	...	...	...	...	...	...	...	...	...	...	369
3. " Complaints to Sanitary Authority ... ..		...	...	27	40	...		10	26	...	...	...	...	...	44		...	34	...	40	...	...	...	151	23	...	3	20	...
4. " Nuisances reported		340	295	67	194	16	Office of Inspector of Nuisances vacant.	...	796	50	438	30	298	271	397		...	215	217	164	67	123	74	151	47	109	114	58	232
5. " Formal Notices served		250	295	60	27	23		38	209	40	198	30	98	29	212		6	64	109	34	23	...	74	24	6	109	101	20	61
6. " Summonses heard		1	3	...	...	...		...	...	...	1	...	...	...	...		...	...	2	...	...	...	2	...	...	...	...	...	8
7. " Nuisances abated (No. of Premises)		340	...	65	180	10		1025	615	50	...	30	...	185	249		...	353	112	156	...	123	74	151	...	109	114	40	200
8. As to Privies		200	171	12	33	3		441	196	40	90	51	56	607	217		73	118	112	84	31	73	16	127	22	74	40	18	120
9. " Drains		11	23	14	17	1		43	29	12	40	30	19	76	275		...	42	25	19	4	2	23	6	6	12	30	6	136
10. " Pigs or other animals		16	18	9	10	3		117	17	6	30	32	17	37	42		1	39	3	31	20	16	...	9	7	14	22	8	121
11. " Slaughterhouses, &c. ... ..		...	3	...	6	...		...	...	...	...	...	17	...	...		...	...	4	...	...	...	...	...	...	...	...	...	7
12. " foul or deficient water supply, wells cleansed or closed		32	3	...	7	1		21	11	10	37	6	4	70	...		...	16	6	...	2	...	6	...	...	13	...	15	60
13. " foul, dilapidated, or overcrowded houses		61	19	6	33	2		292	149	43	32	74	9	39	...		...	11	28	41	3	5	10	...	...	7	4	50	116
14. " houses closed as unfit for habitation		3	4	...	3	1	4	3	...	6	...	...	...	...		...	2	1	...	...	...	...	...	...	3	...	...	...
15. " polluted ditches, ponds, &c.		35	33	...	2	2	60	2	4	61	...	...	6	7		...	11	5	6	6	23	28	...	...	3	5	10	3	
16. " other nuisances		43	...	26	86	4	47	27	28	21	52	25	57	95		...	29	12	7	3	4	11	13	...	10	10	10	25	
17. Disinfection after cases of infectious diseases		4	9	...	20	...	6	9	24	...	2	...	1	...		...	1	15	...	6	...	1	...	...	1	3	2	30	
18. Samples of water sent to M.O.H.		6	12	...	18	...	4	9	13	19	16	10	...	18		8	9	24	2	7	5	...	...	...	6	19	2	10	
19. Earth or dry closets provided		19	31	...	...	...	...	22	...	7	...	...	...	23		...	9	29	...	6	...	8	...	...	19	...	1	32	
20. Water supply provided, wells sunk ... ..		...	...	...	...	...	...	2	...	2	6	...	...	...		...	2	2	...	...	...	1	...	...	...	...	12	15	
21. Other Sanitary works ... ..		...	9	...	...	...	...	...	...	...	...	...	...	...		...	...	...	...	...	...	...	...	...	...	...	...	29	



COMBINED SANITARY DISTRICTS OF BERKSHIRE.

TABLE III.

Births Registered during the Year 1874.

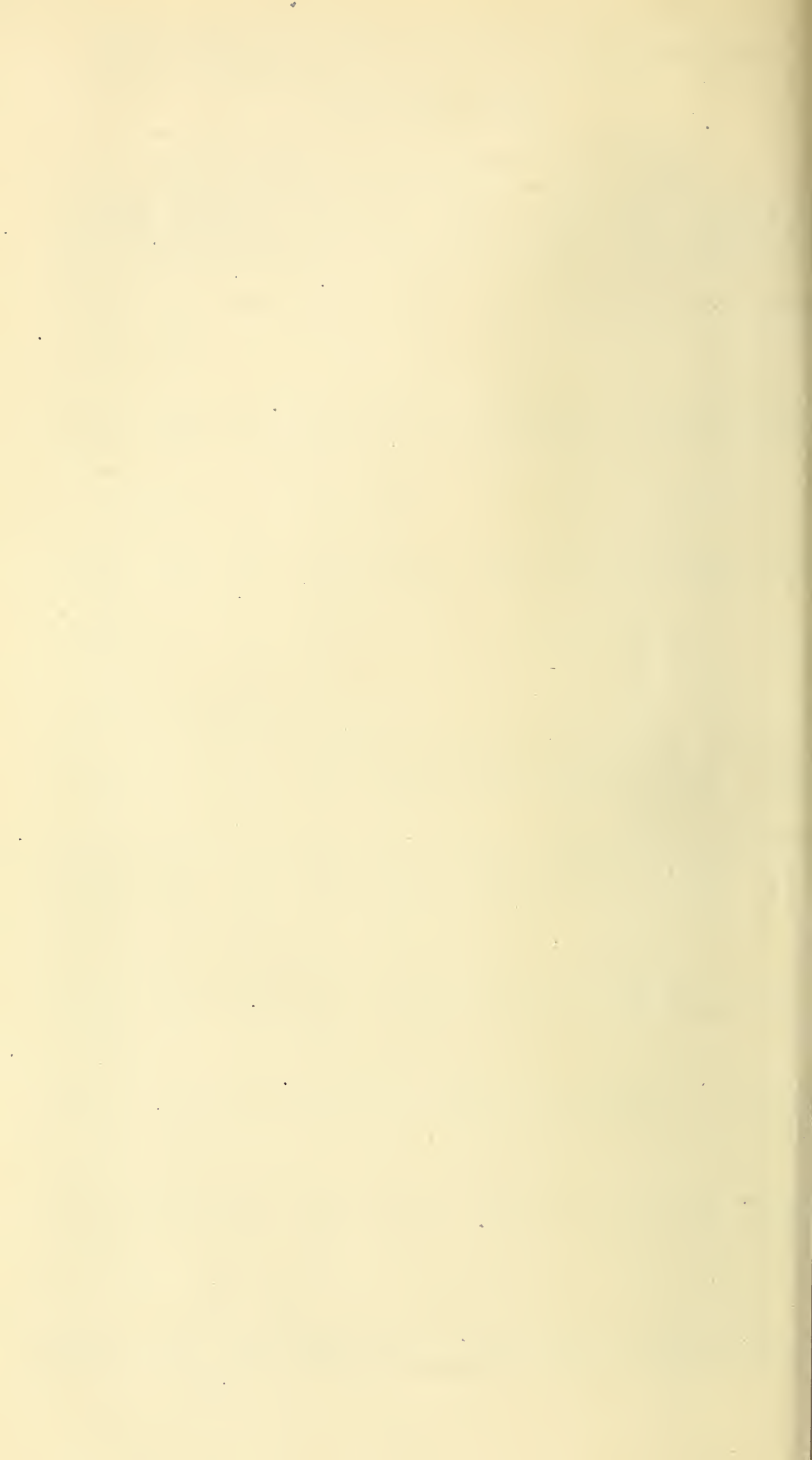
Registration Districts and Sub-Districts.	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	FOR THE YEAR 1874.		
					Males.	Females.	Total.
NEWBURY	166	167	124	147	306	298	604
Thatcham	51	47	35	44	94	83	177
Newbury... ..	59	53	55	54	105	116	221
Speen	56	67	34	49	107	99	206
HUNGERFORD	148	137	144	130	273	286	559
Kintbury	26	29	30	27	61	51	112
Hungerford	83	62	85	63	143	150	293
Lambourn	39	46	29	40	69	85	154
ABINGDON	169	175	177	181	374	328	702
Fyfield	12	27	12	9	32	28	60
Abingdon	78	68	73	78	158	139	297
Cumnor	26	23	33	37	58	61	119
Nuneham Courtney...	15	20	20	24	45	34	79
Sutton Courtney ...	38	37	39	33	81	66	147
WALLINGFORD	120	122	115	122	245	234	479
Cholsey	74	59	56	52	122	119	241
Wallingford	46	63	59	70	123	115	238
BRADFIELD	134	112	110	127	247	236	483
Bucklebury	47	45	30	45	81	86	167
Mortimer	41	31	41	30	71	72	143
Tilehurst	46	36	39	52	95	78	173
COOKHAM	122	132	114	129	263	234	497
Bray	60	77	59	68	132	132	264
Cookham	62	55	55	61	131	102	233
EASTHAMSTEAD.	65	77	97	85	160	164	324
Bracknell	50	55	68	55	113	115	228
Sandhurst	15	22	29	30	47	49	96
WINDSOR (part of) ...	142	128	121	124	259	256	515
Egham	100	80	83	85	178	178	356
Windsor (Rural pt. of)	42	40	38	39	81	78	159
Total	1,066	1,050	1,002	1,045	2,127	2,036	4,163

COMBINED SANITARY DISTRICTS OF BERKSHIRE.

TABLE III.

Deaths Registered during the Year 1874.

1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	FOR THE YEAR 1874.			EXCESS OF BIRTHS OVER DEATHS:		
				Males.	Females.	Total.	Males.	Females.	Total.
102	98	76	130	211	195	406	95	103	198
30	22	16	30	49	49	98	45	34	79
39	35	35	51	90	70	160	15	46	61
33	41	25	49	72	76	148	35	23	58
88	67	62	79	143	153	296	130	133	263
25	13	11	15	27	37	64	34	14	48
42	36	39	46	83	80	163	60	70	130
21	18	12	18	33	36	69	36	49	85
124	106	91	134	231	224	455	191	134	325
12	10	5	12	21	18	39	11	10	21
42	42	36	48	89	79	168	69	60	129
18	14	12	13	29	28	57	29	33	62
29	22	23	27	43	58	101	+2	-22	-24
23	18	15	34	49	41	90	32	25	57
85	64	76	93	157	161	318	88	73	161
49	32	35	47	74	89	163	48	30	78
36	32	41	46	83	72	155	40	43	83
78	56	49	69	138	114	252	109	122	231
34	20	14	26	58	36	94	23	50	73
20	21	18	17	37	39	76	34	33	67
24	15	17	26	43	39	82	52	39	91
77	43	58	49	113	114	227	150	120	270
36	15	27	19	48	49	97	84	83	167
41	28	31	30	65	65	130	66	37	103
37	42	33	37	82	67	149	78	97	175
34	29	24	24	60	51	111	53	64	117
3	13	9	13	22	16	38	25	33	58
76	62	66	52	132	124	256	127	132	259
42	38	36	32	77	71	148	101	107	208
34	24	30	20	55	53	108	26	25	51
667	538	511	643	1,207	1,152	2,359	920	884	1,804



COMBINED SANITARY DISTRICTS OF BERKSHIRE. 1874

TABLE IV.

Deaths at Seven Ages in Registration Districts and Sub-Districts.

	Undr.1	1 to 5	5 to 20	20 to 40	40 to 60	60 to 80	Over 80	Total.
NEWBURY	73	44	30	42	71	105	41	406
Thatcham	19	10	7	11	17	26	8	98
Newbury	29	19	10	16	29	41	16	160
Speen	25	15	13	15	25	38	17	148
HUNGERFORD	46	36	21	28	50	81	34	296
Kintbury	13	7	6	10	10	12	6	64
Hungerford	19	18	12	12	27	55	20	163
Lambourn	14	11	3	7	13	13	8	69
ABINGDON	89	63	25	53	74	119	31	454
Fyfield	7	6	3	4	6	8	5	39
Abingdon	37	23	11	18	27	41	11	168
Cumnor	14	9	1	4	12	15	2	57
Nuneham } Courtney }	9	9	5	19	21	30	7	100
Sutton } Courtney }	22	16	5	8	8	25	6	90
WALLINGFORD	53	22	14	35	58	104	32	318
Cholsey	25	9	6	23	37	49	14	163
Wallingford	28	13	8	12	21	55	18	155
BRADFIELD	41	24	19	24	31	78	35	252
Bucklebury	17	8	7	11	7	29	15	94
Mortimer	10	3	3	4	16	31	9	76
Tilehurst	14	13	9	9	8	18	11	82
COOKHAM	43	27	13	19	40	66	19	227
Bray... ..	23	16	6	5	21	20	6	97
Cookham	20	11	7	14	19	46	13	130
EASTHAMPSTEAD ..	20	11	15	19	33	40	9	149*
Bracknell	14	10	10	12	20	37	8	111
Sandhurst	6	1	5	7	13	3	1	38*
WINDSOR (part of) ...	50	27	18	40	32	65	24	256
Egham	34	20	6	23	13	40	12	148
Windsor, excluding } the Town ... }	16	7	12	17	19	25	12	108
TOTAL	415	254	155	260	389	658	225	2,358

* Including two deaths ages not stated.

COMBINED SANITARY DISTRICTS OF BERKSHIRE. 1874.

TABLE V.

Deaths in Sanitary Districts at Seven Ages.

Sanitary Districts (and Town of Hungerford.)		Under 1	1 to 5	5 to 20	20 to 40	40 to 60	60 to 80	Over 80	Total.
Newbury Rural Sanitary District ...		46	24	18	24	43	64	25	244
" Urban " " W		23	17	12	17	24	34	13	140
Speenhamland Urban " "		4	3	...	1	4	7	3	22
{ Hungerford Rural " " }		37	32	18	23	37	60	27	234
{ (Excluding the Town) }									
{ Hungerford Town W		9	4		5	13	21	7	62
Abingdon Rural Sanitary District* W		62	46	16	27	37	78	24	290
" Urban " " "		27	17	9	14	22	26	5	120
Wallingford Rural " " **		44	13	10	21	29	67	19	203
" Urban " " W		9	9	4	3	11	19	10	65
Bradfield Rural " " W		41	24	19	24	31	78	35	252
Cookham Rural " " "		23	14	9	10	20	38	10	124
Maidenhead Urban " " W		20	13	4	9	20	28	9	103
Easthampstead Rural " " *** W		20	11	15	12	24	39	9	130
Windsor Rural " " W		50	27	18	40	32	65	24	256

Deaths at Seven Ages in Union Houses and Lunatic Asylums.

Union Houses.	Under 1	1 to 5	5 to 20	20 to 40	40 to 60	60 to 80	Over 80	Total.	No. of Special Inmates Census 1871.	Percent- age of Total Deaths in Reg. District.
Newbury	2	...	1	1	6	8	2	20	184	4.92
Hungerford	3	...	1	...	2	7	...	13	150	4.40
Abingdon ... ..	...	2	1	2	2	6	4	17	162	3.73
Wallingford ... ..	...	1	...	2	...	4	3	10	155	3.14
Bradfield ... ..	...	...	...	2	1	13	10	26	219	10.40
Cookham ... ..	...	...	...	3	7	12	5	27	150	11.89
Easthampstead ... ..	...	...	...	1	1	9	3	14	152	9.39
Windsor	2	1	2	6	4	15	7	37	252	.....
Total	7	4	5	17	23	74	34	164	.....	.....
Lunatic Asylums.										
Littlemore ... ..	...	...	...	12	15	15	2	44	509	9.66
Moulsford ... ..	...	...	...	11	18	18	3	50	106†	19.84
Broadmoor ... ..	...	...	...	7	9	1	(2†)	19	554	12.55
Total ... ..	...	...	...	30	42	34	5	113	.....	.....

* Excluding deaths in Littlemore Lunatic Asylum.

** " " Moulsford " "

*** " " Broadmoor " "

† Ages unknown.

‡ The average number of Special Inmates in 1874 was 268.

The letter W indicates that the Union House is situated within the Sanitary District.

COMBINED SANITARY DISTRICTS OF BERKSHIRE.

TABLE VI.
Deaths from all Causes Registered during the Year ending December 31st, 1874.

REGISTRATION DISTRICTS.										REGISTRATION DISTRICTS.										REGISTRATION DISTRICTS.													
CAUSES OF DEATH.		Newbury.	Hungerford.	Abingdon.	Wallingford.	Bradfield.	Cookham.	Easthampstead.	Windsor.*	Total.	CAUSES OF DEATH.		Newbury.	Hungerford.	Abingdon.	Wallingford.	Bradfield.	Cookham.	Easthampstead.	Windsor.*	Total.	CAUSES OF DEATH.		Newbury.	Hungerford.	Abingdon.	Wallingford.	Bradfield.	Cookham.	Easthampstead.	Windsor.*	Total.	
ALL CAUSES		406	296	454	318	252	227	149	256	2,358	CLASS II.												ORDER 7.										
SPECIFIED CAUSES—											CONSTITUTIONAL												Synovitis (Arthritis)									2	
ZYMOTIC DISEASES.											DISEASES.												Joint Disease, &c.		1		3	2			2	1	9
ORDER 1. Miasmatic Diseases		45	25	52	36	37	19	10	31	255	ORDER 1.																						
2. Enthetic		2	2	1						5	1 Gout		1			1			1	2		5											
3. Dietic		1				1			1	3	2 Dropsy		5	5	5	5	1	3	2	1	27												
4. Parasitic		2	1	1						4	3 Cancer		13	7	2	5	4	6	4	4	45												
											4 Cancrum Oris (Noma)		2		2						4												
											5 Mortification		1		1		2	1	1	2	8												
CONSTITUTIONAL DISEASES.											ORDER 2.												ORDER 8.										
ORDER 1.—Dropsy, Cancer, &c.		22	12	10	11	7	11	9	7	88	1 Scrofula		2	2	1	4	1		3		13	Phlegmon					1					1	
2.—Tubercular Class		58	44	63	29	23	31	21	46	315	2 Tabes Mesenterica		4	4	3	1	3	4			19	Ulcer									1		
											3 Phthisis		48	34	48	24	18	23	17	40	252	Skin Disease, &c.			1							1	
											4 Hydrocephalus		4	4	11		1	4	1	6	31												
LOCAL DISEASES.											ORDER 3.												CLASS IV.										
ORDER 1.—Diseases of Brain, &c.		52	45	75	70	28	36	21	32	359	1 Cephalitis		1	4	4					8	17	DEVELOPMENTAL											
2.—Heart		29	23	36	23	34	25	15	15	200	2 Apoplexy		17	10	9	12	13	7		4	72	DISEASES.											
3.—Lungs		67	36	67	41	25	39	20	39	334	3 Paralysis		9	11	17	20	9	5	11	7	89	ORDER 1.											
4.—Digestive Org., &c.		21	16	15	23	9	16	12	13	125	4 Insanity		1		11	6				1	19	1 Premature Birth		4	3	7	9	5	3	2	1	34	
5.—Kidneys, &c.		7	8	10	2	8	6	8		57	5 Chorea											2 Cyanosis					2					2	
6.—Uterus, &c.		2		4	1	4		1	1	13	6 Epilepsy		1	3	8	3	1	2	2	2	22	3 Spina Bifida										3	
7.—Joints, &c.		1		3	2	1		2	2	11	7 Convulsions		16	10	14	18	3	12	4	4	81	4 Other Malformations										1	
8.—Skin, &c.			1		1				1	3	8 Brain Disease, &c.		7	7	12	11	2	10	4	6	59	5 Teething		5	2	1		1		1	2	12	
DEVELOPMENTAL DISEASES.											ORDER 4.											ORDER 2.											
ORDER 1.—Malformations, &c.		9	6	9	11	6	3	3	5	52	1 Pericarditis							1			1	1 Paramenia											
2.—Puerperal Diseases, &c.		2	3	2	2	3	2	1	1	16	2 Aneurism		1					1		1	3	2 Childbirth (see Puerperal Fever)		2	3	2	2	3	2	1	1	16	
3.—Old Age		40	36	45	40	40	20	11	22	254	3 Heart Disease, &c.		28	23	36	23	34	23	15	14	196												
4.—Atrophy, &c.		22	18	30	4	9	9	12	17	121	ORDER 5.											ORDER 3.											
											1 Laryngitis				2	1			2	1	6	1 Old Age		40	36	45	40	40	20	11	22	254	
											2 Bronchitis		28	21	39	16	11	23	10	20	168	ORDER 4.											
											3 Pleurisy		3			1	3				7	1 Atrophy and Debility		22	18	30	4	9	9	12	17	121	
											4 Pneumonia		30	9	23	15	5	13	7	5	117	CLASS V.											
											5 Asthma		2	2	3	1		2		1	11	VIOLENT DEATHS.											
											6 Lung Disease, &c.		4	4		7	6	1	1	2	25	ORDER 1.											
											ORDER 6.											(Accident or Negligence.)											
											1 Gastritis					2				1	3	ORDER 3.											
											2 Enteritis		1	1	3	1	1	2	1		10	(Homicide.)											
											3 Peritonitis		2	1		2	3			4	12	1 Murder and Manslaughter		1		1			1			3	
											4 Ascites											ORDER 4.											
											5 Ulceration of Intestine					1		2			4	(Suicide.)											
											6 Hernia		1					1			2	1 Wounds—Gunshot, Cut, Stab				1						2	
											7 Ileus											2 Poison											
											8 Intussusception					1						3 Drowning					1					3	
											9 Stricture of Intestines											4 Hanging						1				3	
											10 Fistula											5 Otherwise						2					
											11 Stomach Disease, &c.		5	5	1	7	2	4	5	1	30	ORDER 5.											
											12 Pancreas Disease, &c.											1 Violent Deaths (unclassified)				1	1					2	
											13 Hepatitis		1	1					2		4	2 Sudden Deaths (cause unknown)				4	5					10	
											14 Jaundice				1	3	1	1	2	2	11	3 Causes not specified, or ill-											

* The returns for Windsor include only the deaths in the Rural Sanitary District, as the town (though a part of the Union and Registration District) is not in the Sanitary Combination.

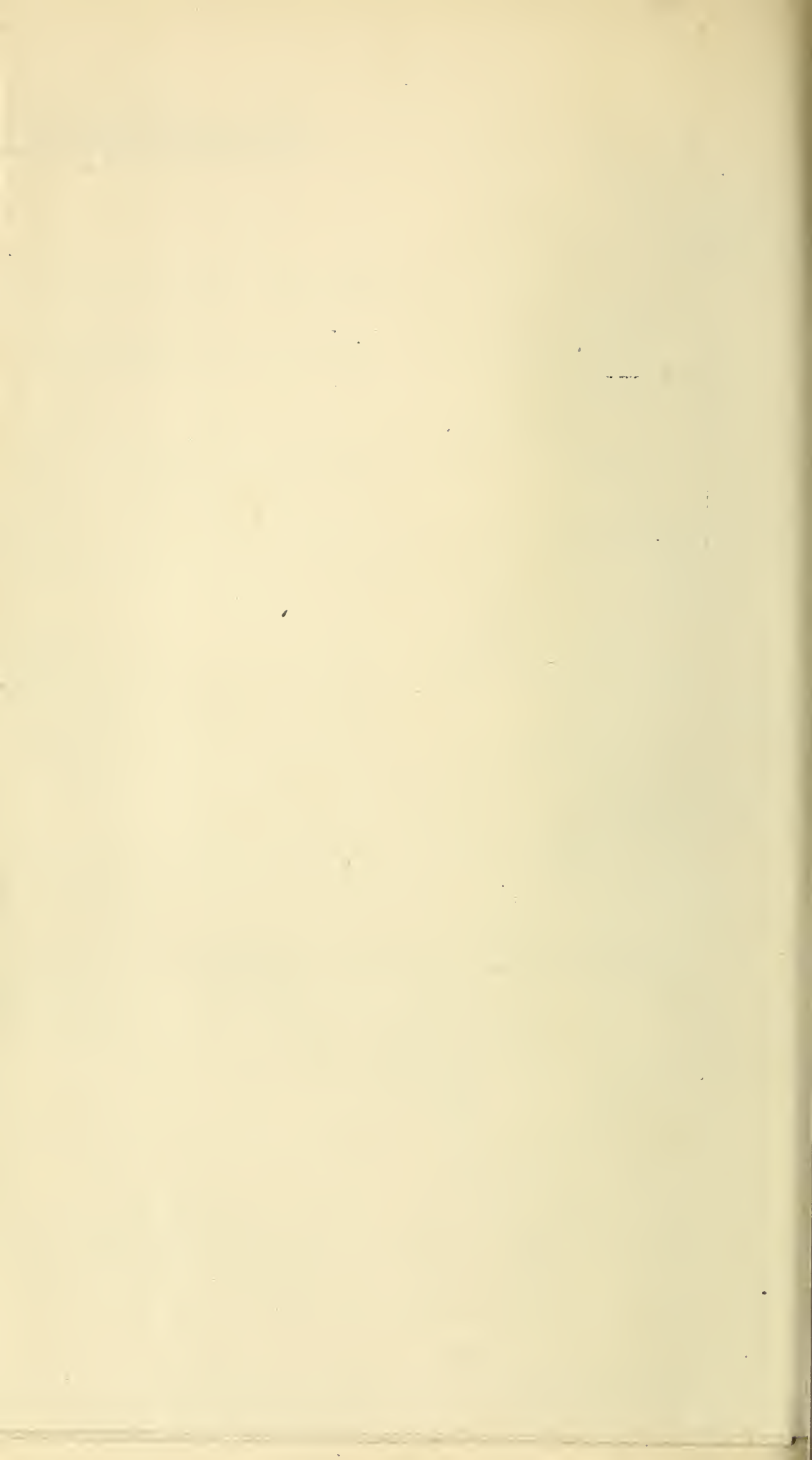


TABLE VII.

Deaths in Registration Sub-Districts from Principal Diseases in Year ending December 31, 1874.

The letter W denotes that the Workhouse is situate in the district.
The letters L A denote that a Laminar Asylum is situate in the district.

Registration Sub-Districts.	Small Pox. X	Measles. X	Scarlet Fever. X	Diphtheria.	Croup.	Whooping Cough. X	Typhus.	Enteric Fever. (Typhd.)	Simp. Contd. Fever.	Erysipelas.	Febrile Fever.	Diarrhoea.	Simple Cholera.	Rheumatism.	Gout.	Dropsy.	Cancer.	Scrofula.	Tuberc. Mesent.	Phtisis.	Hydrocephalus.	Apoplexy.	Paralysis.	Insanity.	Epilepsy.	Convulsions.	Heart Diseases.	Bronchitis.	Pleurisy.	Pneumonia.	Diseases of Stomach and Bowels.	Diseases of Liver.	Diseases of Kidneys.	Diseases of Uterus, &c.	Chilabirth, &c.	Malformations, &c., and Teething.	Old Age.	Atrophy.	Accident.	Homicide.	Suicide.	Other or ill defined Dis.		
NEWBURY—																																												
Thatcham	1	4	3	...	1	...	1	2	3	...	2	10	2	5	3	4	8	6	1	5	1	2	1	2	...	10	8	1	1	...	12	
Newbury (W.)	4	5	...	1	4	1	...	2	1	1	...	1	1	1	...	5	1	2	19	2	4	4	1	...	6	12	14	...	8	5	5	2	1	1	4	15	11	4	...	1	12		
Speen	1	2	...	3	2	2	...	1	1	3	1	...	3	5	1	19	...	8	2	1	6	9	8	2	17	3	5	4	1	1	3	15	3	16		
HUNGERFORD—																																												
Kintbury	5	1	1	2	...	1	8	...	2	2	2	2	8	...	4	...	1	1	2	5	5	3	9		
Hungerford (W.)	1	1	1	4	...	1	1	2	...	2	1	...	1	5	1	2	16	3	7	5	...	3	3	2	10	...	5	6	5	5	...	1	3	23	7	5	17		
Lambourn	2	2	1	...	1	1	1	2	2	1	10	1	1	4	5	1	3	2	...	2	3	...	1	1	8	6	3	5		
ABINGDON—																																												
Fyfield	2	1	1	5	3	1	1	1	7	3	...	3	1	1	3	1	4			
Abingdon (W.)	4	...	1	1	1	...	1	1	4	...	1	...	1	1	...	2	19	1	1	5	5	19	16	...	8	1	3	6	3	...	5	15	17	225			
Cumnor	3	1	2	...	4	...	2	1	4	4	1	2	2	5	5	...	5	1	5	4	6		
Nuneham } L.A. ... Courtney }	...	1	...	4	1	1	1	2	1	...	9	3	3	8	11	8	4	4	7	...	3	1	...	3	1	...	2	12	1	1	9			
Sutton Courtney	3	2	...	5	...	1	1	1	1	1	4	1	1	...	11	...	3	1	...	2	1	8	...	4	2	...	4	2	1	1	1	10	8	...	1	...	11			
WALLINGFORD—																																												
Cholsey (L.A.)	2	...	3	2	...	3	...	2	5	3	2	1	14	...	7	14	6	3	2	10	6	...	9	5	6	2	1	2	8	18	2	1	24			
Wallingford (W.)	9	1	...	2	...	3	1	...	1	1	1	...	1	1	2	3	1	10	...	5	6	16	13	10	1	6	8	4	3	22	2	1	1	18			
BRADFIELD—																																												
Bucklebury (W.)	2	1	...	4	1	...	2	1	...	2	9	...	2	3	...	1	2	12	3	2	2	3	3	2	22	5	10	
Mortimer	2	1	1	2	1	2	...	4	...	9	4	15	4	...	3	2	2	3	1	1	1	8	2	1	...	3	4			
Tilehurst...	2	9	...	2	...	2	...	2	1	...	1	1	1	5	1	2	2	1	7	4	1	...	1	1	2	1	2	5	10	2	6	9		
COOKHAM—																																												
Bray...	1	1	...	4	3	2	2	3	...	4	9	3	2	1	6	12	15	...	2	1	3	3	1	5	5	2	6			
Cookham (W.)...	...	2	3	...	1	...	1	...	1	1	...	3	...	14	1	5	4	2	6	13	8	...	11	8	4	5	...	2	15	4	...	1	...	14			
EASTHAMSTEAD																																												
Bracknell (W.)	4	1	1	3	...	1	2	2	4	2	12	1	...	6	2	10	10	...	4	5	5	2	1	1	2	11	9	10			
Sandhurst (L.A.)	1	...	5	...	5	2	2	5	...	3	1	...	1	4	1	...	3	1	4			
WINDSOR (part of)																																												
Egham	1	...	1	5	...	1	...	2	...	7	...	2	1	...	19	5	4	4	1	1	4	8	14	...	7	4	3	1	...	1	3	11	12	8	...	1	17			
Windsor (excluding the Town) (W.)	1	3	...	4	...	1	...	1	...	1	...	1	3	...	21	1	...	3	...	1	...	7	5	...	8	2	4	7	1	...	2	11	5	1	15		
Urban Sanitary Districts and Town of HUNGERFORD.																																												
NEWBURY ... W	...	3	5	...	1	4	1	2	1	...	1	...	1	...	3	...	2	15	1	3	1	4	11	9	...	6	4	3	2	3	1	3	7	9	3	...	1	9		
SPEENHAMLAND	...	1	1	1	2	2	2	1	...	1	2	1		
HUNGERFORD W	1	1	3	...	5	1	...	4	1	10	1	3	3	1	5	3	2	5		
ABINGDON	3	...	1	...	1	4	17	1	1	3	3	13	16	...	3	...	4	5	4	...	4	10	10	1	16			
WALLINGFORD W	...	3	1	...	1	1	1	...	1	5	...	2	6	4	3	...	5	1	1	1	9	2	1	...	1	5			
MAIDENHEAD W	...	1	1	...	1	4	1	1	3	...	3	9	1	2	1	...	3	9	6	...	5	5	4	1	4	6			



TABLE VIII.

Deaths at Seven Ages from the following Classes of Disease.

Registration Districts.	Under 1	1 to 5	5 to 20	20 to 40	40 to 60	60 to 80	Over 80	Total.	Under 1	1 to 5	5 to 20	20 to 40	40 to 60	60 to 80	Over 80	Total.
	ALL ZYMOTIC DISEASES.								TUBERCULAR DISEASES.							
Newbury	8	18	6	8	...	4	1	45	5	4	10	18	18	3	...	58
Hungerford	5	8	5	1	...	6	...	25	6	4	7	17	10	...	...	44
Abingdon	12	21	8	3	3	4	1	52	6	10	5	28	9	5	...	63
Wallingford	6	8	7	5	5	5	...	36	5	2	3	12	7	...	...	29
Bradfield	13	12	6	1	3	2	...	37	2	3	4	10	4	...	...	23
Cookham	5	9	2	...	3	...	...	19	5	4	5	9	6	2	...	31
Easthampstead ... ..	...	4	4	...	2	...	...	10	...	1	4	8	8	...	...	21
Windsor (pt.)	10	8	3	4	2	3	1	31	2	7	7	19	8	3	...	46
Total	59	88	41	22	18	24	3	255	31	35	45	121	70	13	...	315
	PHTHISIS.								PULMONARY DISEASES.							
Newbury ... ..	...	1	9	18	17	3	...	48	14	8	6	4	11	18	6	67
Hungerford ... ..	...	...	7	17	10	...	...	34	4	6	3	2	4	14	3	36
Abingdon ... ..	...	2	4	28	9	5	...	48	13	12	3	2	11	24	2	67
Wallingford	1	1	3	12	7	...	...	24	8	5	3	1	7	13	4	41
Bradfield	1	1	2	10	4	...	...	18	5	4	4	2	2	7	1	25
Cookham ... ..	...	2	4	9	6	2	...	23	7	8	2	2	4	14	2	39
Easthampstead ... ..	..	...	2	8	7	...	...	17	2	4	1	...	4	7	...	20*
Windsor (pt.)	1	2	7	19	8	3	...	40	7	7	2	4	3	13	3	39
Total	3	9	38	121	68	13	...	252	60	54	24	17	48	110	21	334
	BRAIN DISEASES, &c.								HEART DISEASES, &c.							
Newbury	11	6	...	1	10	22	2	52	...	...	2	2	7	16	2	29
Hungerford	5	6	2	2	9	19	2	45	...	...	...	1	8	12	2	23
Abingdon	13	4	3	12	24	18	1	75	...	1	2	1	10	20	2	36
Wallingford	17	1	...	8	14	25	5	70	...	...	...	1	3	17	2	23
Bradfield	2	2	...	2	3	14	5	28	1	...	1	3	9	19	1	34
Cookham	12	4	1	2	5	9	3	36	...	...	2	...	9	14	...	25
Easthampstead	4	...	5	3	2	6	1	21	...	...	...	2	6	7	...	15
Windsor (pt.)	8	2	2	2	5	11	2	32	..	...	...	1	2	11	1	15
Total	72	25	13	32	72	124	21	359	1	1	7	11	54	116	10	200

* Including two deaths ages not stated.



COMBINED SANITARY DISTRICTS OF BERKSHIRE. 1874.

TABLE IX.
Percentage Rate at Seven Ages of Deaths from all causes.

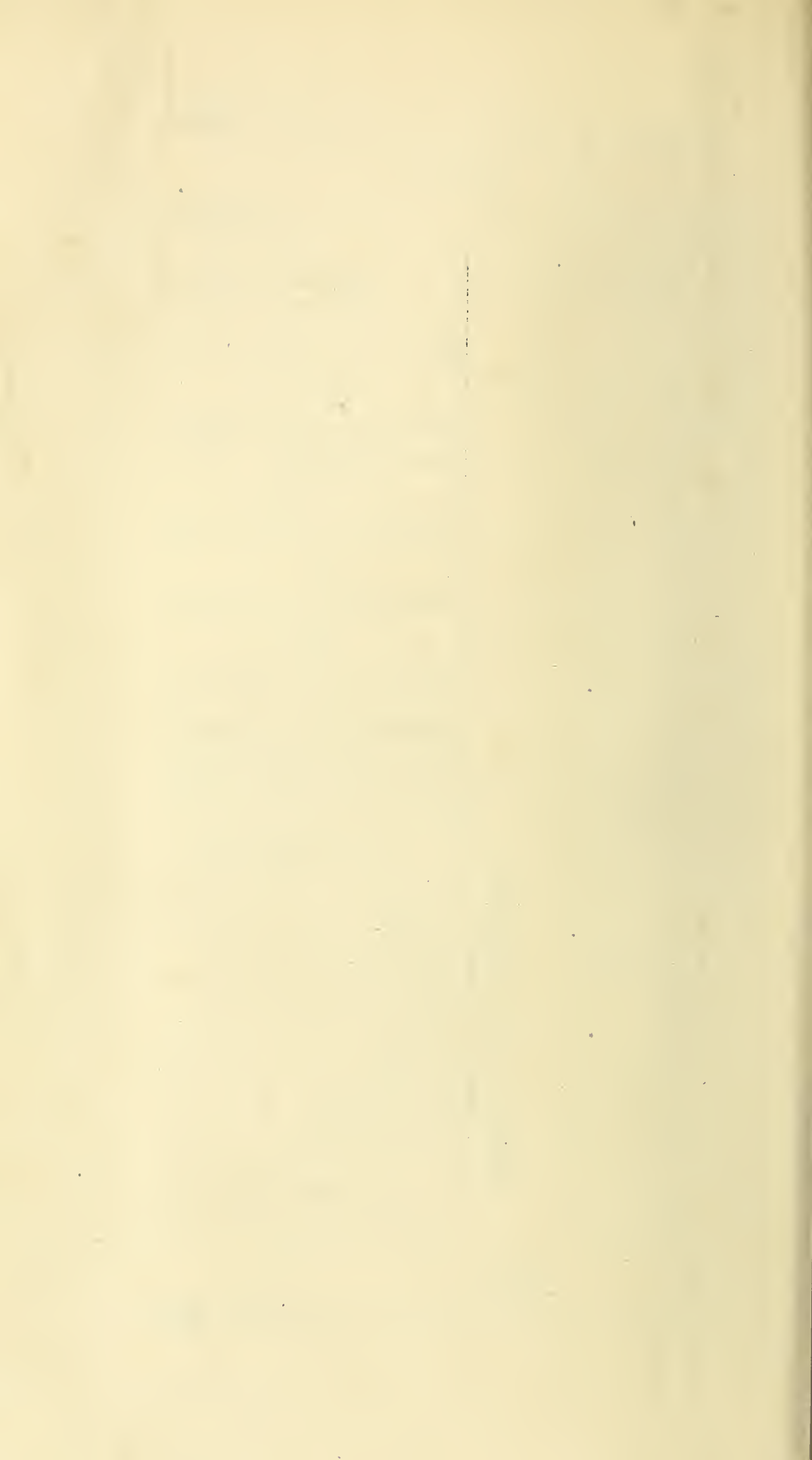
SANITARY DISTRICTS (and Town of Hungerford.)		Under 1	1 to 5	5 to 20	20 to 40	40 to 60	60 to 80	Over 80	Total under 5 years.	Total over 60 years.
Newbury Rural Sanitary District		18.85	9.83	7.38	9.83	17.62	26.23	10.24	28.68	36.47
" Urban " " ... W		16.43	12.14	8.57	12.14	17.14	24.28	9.28	28.57	33.56
Speenhamland Urban Sanitary District ...		18.18	13.63	.....	4.54	18.18	31.81	13.63	31.81	45.44
Hungerford Rural "										

*Excluding deaths in Littlemore Lunatic Asylum.

** " " Moulsoford " "

*** " " Broadmoor " "

The letter W indicates that the Union House is situated within the Sanitary District.



COMBINED SANITARY DISTRICTS OF BERKSHIRE. 1874.

TABLE X.

Registration Districts.	Estimated Population to middle of 1874	Birth Rate per 1,000	Death Rate per 1,000	Percentage Rate of Deaths to Births.	Percentage Rate of Deaths under 1 yr. to Births.
Newbury ...	20,849	28·97	19·47	67·22	12·08
Hungerford ...	19,177	29·10	15·43	52·95	8·23
Abingdon ...	21,789	32·22	20·93	64·81	12·68
Wallingford ...	14,853	32·25	21·41	66·39	11·06
Bradfield ...	15,879	30·42	16·50	52·17	8·49
Cookham ...	15,472	32·02	14·62	45·67	8·65
Easthampstead	11,671	27·76	12·77	46·00	6·17
Windsor (pt.) .	15,942	32·30	16·06	49·78	9·71
Total	135,679	Mean Rate 30·68	Mean Rate 17·38	Mean Rate 56·66	Mean Rate 9·97

TABLE XI.

Death Rate per 1,000 living, from the following Classes of Disease.

Registration Districts.	All Zymotic Diseases.	Tubercular Diseases.	Phthisis.	Pulmonary Diseases.	Diseases of Brain, &c.	Diseases of Heart.
Newbury ...	2·16	2·78	2·30	3·31	2·49	1·39
Hungerford ...	1·30	2·29	1·77	1·88	2·34	1·20
Abingdon ...	2·38	2·89	2·20	3·07	3·44	1·65
Wallingford ...	2·42	1·98	1·62	2·76	4·71	1·55
Bradfield ...	2·33	1·45	1·13	1·57	1·76	2·14
Cookham ...	1·29	2·00	1·48	2·51	2·32	1·61
Easthampstead	0·85	1·86	1·46	1·71	1·80	1·28
Windsor (pt.) .	1·94	2·88	2·51	2·45	2·01	0·94
Mean Rate ...	1·88	2·32	1·85	2·46	2·65	1·47

TABLE XII.

Percentage Rate of Total Deaths, from the following Classes of Disease.

Registration Districts.	Seven principal Zymotic Diseases.*	Tubercular Diseases.	Phthisis.	Pulmonary Diseases.	Diseases of Brain, &c.	Diseases of Heart, &c.
Newbury ...	9·11	14·28	11·82	16·50	12·81	7·14
Hungerford ...	7·09	14·86	11·48	12·16	15·20	7·77
Abingdon ...	9·89	13·84	10·55	14·73	16·48	7·91
Wallingford ...	9·75	9·12	7·55	12·89	22·01	7·23
Bradfield ...	12·30	9·12	7·14	9·92	11·11	13·49
Cookham ...	7·93	13·65	10·13	17·18	15·85	11·01
Easthampstead	6·04	14·09	11·41	13·42	14·09	10·74
Windsor (pt.) .	7·81	17·96	15·62	15·23	12·50	5·86
Mean Rate ...	8·99	13·36	10·68	14·16	15·22	8·48

* Including small pox, measles, scarlet fever, diphtheria (and croup), whooping cough, fever (typhus, typhoid, and simple continued), and diarrhoea.

